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ARTICLE I.

THE MECHANICAL TREATMENT NECESSARY IN  
INFLAMMATION OF THE KNEE-JOINT; WITH A  
DESCRIPTION OF A NEW APPARATUS FOR MAKING  
EXTENSION.

By JULIEN S. SHERMAN, M.D., Chicago, Ill.

The exposed position of this articulation, the thinness of the tissues surrounding, and the amount of labor performed by it, render it a very frequent seat of those diseases and deformities consequent upon injury. Inflammation of this joint is generally more severe and disastrous than of most others, on account of its large size and the extent of the synovial sack involved in the disease. The well-known pathological fact, that inflammation of joints is always followed by reflex contraction of the muscles in its vicinity, is well exemplified in the knee by the strong contraction of the powerful flexors, bending the leg frequently to a right angle with the thigh.

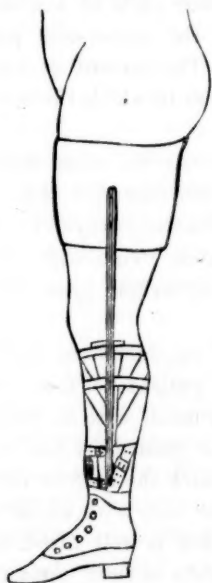
The injurious effect of pressure is also well shown, and the necessity for its removal as urgent as in hip-disease. Specific inflammations are sometimes met with, but are not as frequent as generally supposed, most cases being traumatic in their origin. Yet inflammations occurring in constitutions either scrof-

ulous or syphilitic, are more prone to suppuration and caries than when this element is absent.

Notwithstanding the advantages of medical treatment, there are indications which must be overcome by mechanical means. They are not only necessary for subduing disease in its early developement, but are indispensable for the correction and prevention of deformities following in severe cases. Inflammation of this joint, even in its first stage, is always accompanied by contraction of the flexors, aggravating the pain and increasing the pressure, thereby either wholly preventing, or greatly retarding, spontaneous recovery. This contraction increases with the violence of the inflammation, and should be overcome by tenotomy of all the tendons offering resistance to the extension of the limb. If ether is administered, the particular tendons requiring division should be ascertained before anæsthesia is produced, as, when that stage is reached, the muscles become relaxed, and we may be at loss to determine where division is necessary. Special care must be taken to avoid wounding the peroneal nerve, situated just internal to the biceps tendon. This tendon should be divided from without inwards, at the same time that extension is being made, the sheath and inner fibres of which will then be ruptured before the knife passes completely through, and all danger to the nerve avoided. The limb should then be placed upon an air-cushion, protected by oil-silk, in order that local dressings may be used without soiling the bedding.

*The relief of pressure in inflamed joints is the most important part of the treatment;* the diseased surfaces must be separated to allow of recovery or to prevent unfavorable results. The means for accomplishing this desired end are strictly mechanical. Adhesive straps may be applied to the leg, below the knee, and the surfaces of the joints separated by making extension with the pulley and weight, as in adhesive strap dressing for fractures of the thigh. The limb may be placed in the horizontal position or upon an inclined plane, as circumstances may indicate. This treatment will be found to greatly relieve the pain and entirely remove the pressure. If it be adopted at

the outset of the attack, the flexing of the limb will be prevented and division of the tendons rendered unnecessary. Should suppuration occur and the joint become greatly distended with pus, it should be carefully evacuated by means of a trochar, avoiding the admission of air into the synovial sack, and the extension persevered in. Moderate pressure upon the femoral artery is advised by good authority, as diminishing the flow of blood to the part, but it is difficult to maintain and frequently adds to the discomfort of the patient.



Dr. Sherman's apparatus for making extension at the knee-joint.



The same, with the side rods extended to the sole of the shoe.

The accompanying cuts represent an apparatus for making extension. It consists of a *wooden socket*, constructed to accurately fit the thigh and similar to those used for artificial legs, against this the counter-extension is made, and thus evenly distributed over the thigh and tuberosity of the ischium. A steel rod is attached to each side of the socket, reaching to within a few inches of the ankle, and the two rods are joined behind by

a broad band of sheet-iron, which is moulded to fit the posterior part of the leg; on the front, and joining the sheet-iron band, is a strap which, being buckled, holds the leg firmly in the apparatus. It is applied as follows:—Six adhesive straps are cut, two inches in width at the top and tapering to one at the bottom, and should be long enough to reach from about one inch below the knee to the ankle; they are then applied to the leg, as represented in the cut, and secured by a bandage; the socket is then placed upon the thigh, the strap at the bottom of the instrument buckled, and the lower ends of the adhesive plaster turned over the bottom of the instrument and also attached to buckles upon its sides. The amount of extension is regulated by the degree of tightness to which the straps are drawn.

The figure upon the right represents the same apparatus, with the exception that the side rods are extended and fastened to the sole of the shoe, while the adhesive straps are also attached to the buckles upon the sides. This will allow the patient to walk about and bear *all his weight upon the socket and not any upon the knee-joint.*

This modification renders it more applicable to the chronic inflammations, when we desire the patient to have out-door exercise, which he can enjoy with as much ease as the wearer of an artificial leg. The advantages gained by this mode of extension are, the *large surface* to which the counter-extending force is applied, its security, and the ease with which the patient can tolerate it. When the socket is well fitted, there is no tendency for the instrument to *rotate* or *twist* upon the leg. This same principle can be used in the construction of numerous instruments for the relief of deformities of the knee.



## ARTICLE II.

## A PAPER ON EPIDEMICS.

By H. NANCE, M.D., Kewanee, Ill.

Read to the Military Tract Medical Society.

Having been selected by this Association to report, at the semi-annual meeting, at Galesburgh, on Epidemics and Endemics, I owe an apology for not making this paper more interesting. I cannot make it interesting, for the good reason, that we really have not had a severe epidemic, of any disease, for two or three years. In taking a retrospect of the health of our community for the last two years, I would pronounce it unusually good. Our community, I think, have suffered much less than many others situated quite contiguous to us; this may be owing to the particular topography of our village and its environs. Kewanee is situated on the Chicago, Burlington, & Quincy Railroad, immediately on the dividing ridge between the Illinois and Mississippi Rivers. The south part of the village discharges its sewers into the tributaries of the Illinois River, and the north part enter the tributaries of the Mississippi River, thus leaving us almost entirely free from any stagnant pools of water. Physicians advocating a miasmatic origin of the usual autumnal fevers, would promptly come to the conclusion that we would suffer but little from this class of diseases, and this conclusion would be nearly correct.

Our village is underlaid with an immense field of bituminous coal, being from eight to ten feet below the surface to eighty or ninety feet, according to the grade of the land. How far this mineral or vegetable production may affect the health of our community, I shall not pretend to say; I will only remark that the health of our mining population is equally as good, if not better, than that of the rural population, who are engaged in cultivating the soil. I think they are remarkably exempt from koino-miasmatic diseases. It is very unusual to see any of them suffering with intermittent diseases; and I can say the same of typhoid fever. I have resided here more than six

years, and during that time I do not remember of having treated a case of typhoid fever in the house of any miner. In the fall of 1864, I treated about a dozen cases of genuine typhus fever in the mining region, but it was introduced by a patient brought from off a ship sick with the disease, and from this case the others originated.

Notwithstanding we are on the dividing ridge between the two great rivers, and that our county is nearly all underlaid with coal, which may have a modifying influence upon the various epidemics of our county, yet we occasionally have epidemics. We have had cerebro-spinal meningitis, typhoid fever, measles, pertussis, dysentery, and, probably, some other diseases prevailing as epidemics since I have resided in Henry County; and I should not fail to mention the general prevalence of intermittents, remittents, infantile diarrhœas, and general derangements of the alimentary canal of children, usually under two years of age. During the winter, when the weather is mild and the atmosphere is overloaded with a redundancy of moisture, pneumonia and bronchial affections always prevail. Phthisis pulmonalis is becoming a much more general disease than it was at the first settling of the country, and I am sorry to add, with all our improvements in medicines, including the vaunted remedies, *oleum jecoris anelli* and the *phosphites*, that tuberculosis advances as rapidly as it did before the introduction of these lauded "*specifics*." I mention these remedies, not to entirely condemn them, but to put the young and inexperienced practitioner on his guard, not to place too much confidence in them when prescribing for his phthisical patient.

There is, doubtless, a tendency on the part of some of our leading physicians to eulogize the virtues of some of our medicines too much. This excess of praise of these remedies is confined principally to professors in our medical colleges, in order to create a reputation, not only for themselves but for their institutions. I am frequently disgusted in reading in our medical journals of some remedy being recommended so highly for some epidemic which is prevailing at the time. Who of you now believe that the phosphites will eradicate tuberculosis, ren-

ovate the general system, and make a healthy, athletic man of a poor anæmic person? Who of you now believe that cod-liver oil is a specific in all pulmonary diseases? I tell you, gentlemen, that we should not be so easily deceived by pretenders in medicine who are trying to build themselves up, nor by professors in our medical colleges who are using every effort, not only to enhance their own reputations, but the reputation of the institution they represent. Look guardedly to the interests of your patient, and let us not vie with those who would rise to fame in their profession, regardless of the good they may do in curing their patients.

We would not regard consumption as either an endemic or epidemic disease, but as it frequently becomes a sequel of bronchitis, pneumonia, pleuritis, etc., especially in persons possessing a hereditary taint, I mention it in this connection. Since the introduction of auscultation and percussion by LAENNEC and LOUIS, we have had but little difficulty in diagnosing pulmonary diseases. At the early stage of the formation of tubercle, some difficulty may be experienced, but when we look to the general symptoms, including quick pulse, general wasting of the fatty tissues, cough, especially in removing the clothing on going to bed, occasional night sweats, and repeated attacks of hæmoptysis, we may most certainly come to the conclusion that our diagnosis will be correct if we call the disease consumption. But when we have properly applied the stethoscope, or used immediate auscultation, a doubt no longer remains.

I would dismiss the subject of phthisis, by hastily mentioning the treatment in general. Out-door exercise, when the weather is pleasant; good, rich diet, including meat of various kinds, also eggs, butter, and milk; I would give my patient but little medicine if he was comfortable; treat the urgent symptoms as they arise; if the cough troubles him much, give him a mild expectorant combined with an opiate—the latter will do more good than all the expectorants treated of in the U.S. Dispensatory. My usual form for an expectorant in phthisis is, morphia sul. grs.vj., aqua ℥ij., shake and add syrup ipecac. syrup tolu aa ℥ij., tinct. sanguinaria ℥j., mix, and take one teaspoon-

ful every 20 or 30 minutes, until the cough is relieved. When hectic symptoms make their appearance, I find much advantage from quinine with aromat. sul. acid, given in the stage of apyrexia. The hæmoptysis, I would treat with acetate plumbi et sul. morphia, nit. potash, minute doses of tart. anti. et pot., or, sometimes, a teaspoonful of common salt, swallowed suddenly, will promptly arrest it. The patient should be kept quiet, with his head and shoulders raised up in bed, jugs of hot water to his feet, and sinapisms to the thoracic region; cold drinks should be used, and the patient cautioned not to exercise much, not to cough, only when involuntarily compelled to, and to avoid the habit which many phthisical patients have of *hawking*. My general treatment, if any is thought advisable, would, of course, be stimulating and tonic. I would permit the use of wine, good stock ale, and would not discourage the use of good cognac brandy and milk, made in the form of egg-nog or milk-punch. I have sometimes given, with apparent advantage, Nich's prep. cin. and ferri. But I would remark that I have but little confidence in any general treatment. Good warm clothing; flannels next to the skin, and the general hygienic rules which all physicians are supposed to understand, is the safest course, in my opinion, we can pursue in this dreadful disease. My own observation has taught me that patients treated on this plan have lived as long and suffered as little as those who have been the victims of Rushton & Clark's spurious cod liver oil, or Prof. Churchill's phosphites.

In leaving the subject of phthisis, I touch on other pulmonary diseases, and the first I mention is whooping-cough. This disease has prevailed somewhat as an epidemic for the last six or eight months; there have been no peculiarities attending it; most of the cases have been light and uncomplicated; but few cases have required the protracted visits of the medical attendant. My treatment in uncomplicated cases has been an expectorant composed of com. s. scillæ, with syrup tolu, and tinct. opii camph. It has been rarely necessary to administer any laxative or cathartic. I am down on all specifics for this disease. The idea advanced by some of our medical men, that

cochineal, belladonna, nitric acid, and several other vaunted remedies, will cut short the disease we are considering, is all *bosh*, as the politicians say. Treat the disease as a pulmonary, self-limited one, and our rational is correct.

Complicated cases of whooping-cough are always serious, especially when connected with diseases of the brain. Arachnitis, with effusion, is apt to follow; then come spasms, general convulsions, and death. Our treatment should be shaped to meet these symptoms as they arise, and I would refer you all to diseases of the brain, for treatment under their proper heads. During the late epidemic I had the misfortune to have two such cases come under my care, both of which died. All the symptoms of arachnitis presented themselves before death, including severe convulsions, hæmiplegia, blindness, etc., etc.

Catarrhal fever, or acute bronchitis, prevails in this section of country every winter and spring. It is confined, principally, to children under eight or ten years of age. The prominent symptoms are dry, hacking cough, quick pulse, flushed face, dry and hot skin, white or yellow fur on the tongue, bowels usually constipated, slight mucus râle. If the disease is neglected it results in pneumonia; then we have added to the physical symptoms dullness on percussion, with complete bronchophony, or in milder cases crepital râle. Occasionally I notice rusty colored sputa, though this latter is very rare. My treatment is simple and successful. I very rarely lose a patient with it, and when this does occur it is when complicated with pneumonia; as the bowels are constipated, and the liver in an unhealthy state, which is evinced by the light or green colored operations. I give to a child, two or three years old, a laxative composed of grs. iv. hyd. clo. mite., rhei pulv. grs. xv., mag. calc. grs. v., mix and divide in chart No. 5, one every four hours, until the bowels move. After administering one or two of these powders I prescribe an expectorant composed of com. syrup scill. ℥iij., tinct. opi. camph. ℥j., mix and give from one-quarter to one-third teaspoonful every hour and a half. If the child has a high grade of fever, which is generally the case, I give one or two drops of the tinct. veratrum in each alternate

dose. This treatment, with very little variation, I have found very successful in these catarrhal or pulmonic diseases, usually styled catarrhal fever, pneumonia, or acute bronchitis of children. Adults are very rarely thus affected, if they have catarrhal fever. It is usually severely complicated with pneumonia or acute bronchitis, and sometimes congestion of the lungs, making it a case of serious import, which should be met according to the type of the disease. The idea of treating all cases of pneumonia with quinine, or all cases with tart. anti. et pot., or with tint. ver. viride and venesection, epispastics, etc., is nothing but empiricism; and he who pursues such a course must expect to hear the church-bell tolling over his misfortunes, and he need not be surprised, in a short time, to find himself preparing to emigrate.

Congestion of the lungs rarely appears as an epidemic. Let it appear either sporadically or epidemically, it is always a serious disease, and much depends upon the good judgment of the intelligent practitioner to combat it successfully. At one time, it might require the free use of the lancet, and upon this, nearly alone, should we depend; at another time, as we might expect, the free use of quinine, or the more diffusible stimulants, carb. ammo., or wine, or even good brandy; sinapisms, or epispastics should be freely applied over the lungs. When the lips become purple, the mind inactive, coma and somnolency making their appearance, the breathing becoming stertorous, let the pulse be either full and slow, or quick and feeble, you may soon expect dissolution. There is one symptom, indicating nearly certain death, not confined entirely to pulmonary diseases, and that is the rising and falling of the *pomum Adami*. When you observe this symptom, let other symptoms be as they may, you can quite safely pronounce your patient in, or not far from, *articulo mortis*.

Twenty-one years ago, when I first entered the profession, pleuritis was quite a frequent disease, but it has grown less and less frequent, until it is almost unknown. The lancet and opium were our sheet-anchors. The disease, in my practice, hardly known any more. Can any of you assign a reason why?

In the winter of 1861-2, diphtheria made its appearance, not only in Henry County, but it became a general epidemic throughout a great portion of the United States, in fact, it was not confined alone to our hemisphere, but much of it prevailed in England, France, and many other portions of Europe. It is a disease *sui generis*, that is, it has many peculiarities belonging to itself, unlike any other disease. It has been said by some of our profession, that it is identical with scarlatina. I can see but little resemblance, letting alone the *identity*. The only thing in the disease that in the least assimilates scarlatina, is the inflammation of the tonsils and fauces, and this, to an acute observer, is easily diagnosed. Diphtheria is a sub-inflammatory asthenic disease, in which the nervous and circulatory systems are seriously involved. The small and rapid action of the pulse would indicate some serious lesion to the circulation, some general breaking down of the whole system. The general symptoms are indicative of some blood-poison, and such it seems to be. As is the case with other epidemics, so with this! We know not the cause. Why the *poison* should spend itself locally upon the uvula, tonsils, palate, and, sometimes, the glottis, epiglottis, and trachea, I leave to wiser men than I am to reason upon. That the nervous system participates largely in this disease, is known by the great debility and irritability, also by the condition the nervous system is left in, in the sequel; for it is not uncommon, to find partial paralysis of the organs of deglutition, and we occasionally find partial or complete amaurosis. I have also, in a few instances in my practice, observed partial paraplegia. These sequelæ, under a continued use of quinine, the ferruginous preparations, or the more powerful tonic and tetanic *strychnia*, have usually yielded, though I have found it necessary to continue them for weeks, and sometimes several months.

As diphtheria is conceded by all to be an asthenic disease, and one of general debility, we would readily come to the conclusion that a tonic and stimulating course would be the *sine qua non* in its treatment, and such is my belief. When first visiting patients with diphtheria, I immediately place them upon



large doses of quinine every two hours—if the patient is a child six or seven years old, I would give it from  $1\frac{1}{2}$  to 2 grs. at each dose, and alternate with half a spoonful of the saturated solution of the chlorate of potash, requesting the patient to gargle the latter before swallowing each dose. If there is great debility, as evinced by rapid pulse, general pallor, sordes, etc., I would use brandy in conjunction with the quinine. In 24 hours' time, I have seen very marked effects from this treatment, and I attribute the improvement principally to the quinine. I believe it is worth everything else in the treatment of diphtheria. Of course I would not ignore the use of probangs and gargles, but would use the first very rarely indeed, and the latter prepared of some mild astringent or antiseptic. Tannic acid and capsicum, in the proportions of one drachm of each to one tea-cupful of water, makes a very good gargle; and if the patients cannot be taught to gargle, let them swallow it. In this way it will prove equally as effectual as if only used as a gargle, and not prove detrimental to the system.

The treatment recommended when diphtheria first made its appearance, of swabbing out the throat once, twice, or three times a-day with solution of argent. nitratum; muriated tinct. ferri; tinct. iodine; permanganate of potash, etc., etc., was, in my opinion a very bad one, and in many instances, I believe, resulted seriously. For if, by these means, we removed the pseudo-membranous formation, it only left a raw, granulating surface, ready, if the system was in the condition, to very soon produce another membrane probably worse than the one removed. Let me say to you, let the membrane alone until it becomes loose and nearly detached, and then, with a pair of forceps, we can easily remove it from the throat. The main point in the treatment of diphtheria is, to support the general system while the disease is preying upon it, and if we do our duty here, in most cases in a few days, we will have the happiness of visiting our patient in a convalescent state. Local external applications I hold to be of but little value, a flannel cloth moistened with ammonia or camphor liniment, or a piece of fat pork



sprinkled with pepper and salt, are probably as good as anything.

In the winter of 1863-4, cerebro-spinal meningitis made its appearance in our county. The symptoms are so well known to most, if not all of you, that it is not necessary for me to rehearse them. I had six cases of the disease, well-marked, and out of this number five of them died. Their ages varied from fifteen months old up to ten years. The one that recovered was a young man, aged about twenty-one. He had the most aggravated symptoms, including opisthotonos, trismus, coma, entire loss of sensibility, including loss of speech, etc., etc., and these symptoms remained for five or six days, and yet under treatment he recovered.

I was called to three other patients during the time the epidemic was prevailing, with severe pain in the head and cervical region, face flushed, head drawn back, full and rapid pulse, delirium, etc. I immediately bled each one of them, and gave tinct. ver. viridi in full doses; at the same time ordered an active cathartic. Under this treatment they all recovered. The six cases first spoken of were not treated in this active antiphlogistic way, for the reason that their symptoms would not admit of such activity. They were treated with laxatives—quinine, belladonna, mild opiates, carb. amo., etc., etc., with stimulating liniments, epispastics, etc., to the cervico-spinal region. Notwithstanding such authority as Dr. DAVIS has highly recommended—belladonna in the treatment of cerebro-spinal meningitis—I cannot see the rationality of it, and should feel very much indisposed again to try it. You may urge me for my treatment in this disease. I can frankly reply that I have none. I should treat my cases according to the symptoms. If active symptoms prevail, indicating congestion of the brain, with full pulse, flushed face, etc., I should certainly use the lancet and ver. viride; but if the type is asthenic, a tonic and stimulating treatment would look most plausible. I am firmly of the opinion, knowing the pathology of cerebro-spinal meningitis, that it will never be treated with much success. How can we successfully combat an inflammatory disease

of the brain and spinal marrow, and their membranes, especially when it is an epidemic, and supposed to originate from some unknown aerial cause? Epidemics of all kinds are usually more virulent than when the same disease occurs sporadically, and this remark applies especially to the one under consideration.

Typhoid fever, which has prevailed in Illinois for a great number of years, and has been so very fatal in many localities, has nearly disappeared from this section of country. How long this immunity may continue none of us can tell. I have seen but five well-marked cases of typhoid fever in the last two years. Two of them were patients of my friend, Dr. SCOTT. They came under my care for ten or twelve days, during his short absence in Minnesota. They were genuine cases, as marked by petechia, sudamina, tympanitus, hebetude, loss of memory, quick pulse, stupor, hæmorrhage, etc., etc.; in the sequel, abscess occurred in the perinial region. The other cases I saw in consultation with Dr. SMEAD, of Lafayette, in Stark County. One of them had hæmorrhage from the bowels, and immediately after convalesced. My treatment in typhoid fever is quite simple. If the case is mild, I simply give spts. mindereri and nitre; if the pulse is quick and full I would add two or three drops of ver. viride every two or three hours. When diarrhœa makes its appearance, I would use an emulsion of spts. turpentine, with tinct. opii; would continue this treatment through the disease if the diarrhœa remains. The patient should be well supported on milk-broth, wine, etc.; should the vital forces seem to be giving away, quinine, brandy, etc., are indicated. Typhoid fever is a self-limited disease, and the idea of breaking it up in a few days is untrue. Many empyrics, when this disease is epidemic, call nearly everything *typhoid*, and hence establish a reputation for treating this disease. I would particularly urge upon the young physician not to give much cathartic medicine. If a laxative is imperatively demanded, (which is rarely the case,) give about half a teaspoonful of oleum ricini, with from ten to twenty drops of oleum terebinth.; this quantity will rarely fail to operate sufficiently

thorough. Typhoid fever being an enteric disease, or dothi-enteritus, we can easily conceive that a cathartic or laxative would move the bowels very readily, and such is the case. I never gives laxatives so long as the patient feels easy and comfortable, if the bowels should remain unopened for several days.

A species of stomatitis has prevailed as an epidemic since early in the spring, confined to no particular age. It produces ulceration about the roots of the teeth, on the palate, tongue, and, in fact, all over the mucous membrane of the mouth. In some cases the system seems to sympathize, producing a loss of tone, strength, and approaching anæmia. In such cases I have used quinine and the preparations of iron. Locally I have found more good derived from penciling the gums and ulcers on the cheeks with muriated tincture of iron, than from anything else, though I have used, with much benefit, sul. cupri and nitrate of silver. Some cases I treated with chlorate of potash, as a wash, and gave it at the same time as a *blood purifier*. It has not only acted as an epidemic, but has seemed to me to be contagious, spreading from one member of the family to another, by using the same drinking utensil, or from the parents kissing their children. Many cases have been stubborn, but all have yielded to the above treatment.

It remains for me to treat of two more classes of diseases which prevail in our county occasionally as epidemics, which I shall treat of very succinctly (as my essay has already grown too long). I allude to the *exanthemata* and diseases of the *stomach and bowels*.

In the winter of 1862-3, rubecola prevailed very generally, as an epidemic, not only in Henry County, but, I believe, very generally throughout the State. I think I must have treated more than a hundred patients, and, amongst that number, several in my own family. The type was remarkably mild, and, consequently, my treatment, to correspond, was equally simple. Where no complications existed, I simply prescribed cool drinks, *ad libitum*, equal temperature of the room, and the patients to remain indoors for a week or ten days after the exanthema disappeared. I rarely gave even a dose of sul. magnesia. When

the catarrhal symptoms were troublesome, I gave a simple expectorant, composed of com. syrup scillæ and tinct. opii camp. As a general thing, I discard the idea of prescribing laxatives in rubeola, for the tendency, in the sequel, is diarrhœa in nearly all cases. Under this kind of treatment, I had the satisfaction of consoling myself that all my patients recovered, but one, and he was a boy of 10 or 12 years old, who had been subject to epilepsy from early infancy. Congestion of the brain and, finally, arachnitis made its appearance, and death soon closed the scene.

We have occasional cases of variola every year, but our people are so well protected by vaccination that we need have no fears of its appearing as an epidemic. My treatment is very similar to what it is in rubeola, when uncomplicated, and, consequently, need not be rehearsed. I would especially enjoin upon all the profession the propriety of urging upon the people the benefit of vaccination and re-vaccination, until the system seems to be insusceptible to its effects. This course being rigidly pursued, it would seem that small-pox, in a few years, would be unknown. Would it not be well to urge upon our representatives the propriety of enacting a law compelling the vaccination of all persons?

Scarlatina has not prevailed as an epidemic in this section of country since the years 1857-8-9. It then appeared in a malignant form, and many died. I see sporadic cases of it every year, and it is at the present time prevailing to some extent, though in a *very* mild form. My treatment is remarkably simple, and, since I have been using it, very successful. I would urge upon the members of this Society to give it a fair trial. When called, I order a solution of carb. of ammo. in doses of from 3 grs. to 5 or 7, according to the age of the patient, every hour and a-half or two hours. This treatment I give, regardless of the rapidity of the pulse, or the redness of the surface, and I must say, that my success has been unequalled since I commenced this mode of treatment. I use gargles of capsicum and chloride of soda, with vinegar and water, or simply a saturated solution of chlorate of potash, discarding the use of the swab or probang.

Diarrhœas, with adults and children, make their annual summer and autumnal visits, but their treatment varies so much that time will not permit me to treat of them.

Dysentery prevailed as an epidemic in the summer and fall of 1864. In adults, I usually give at the commencement, a good-sized dose of sul. magnesia; if this fails to check the disease, I order a powder composed of sul. morphia, acetate plumbi, and minute doses of calomel given every three or four hours, alternating every day or two with a portion of oleum ricini or sul. magnesia. This treatment will rarely fail to cut the disease short. The treatment in children and infants is not so successful, and I would respectfully refer you to the books. I have seen infantile dysentery as fatal as epidemic cholera, according to the number of cases attacked. I know of no treatment that has been very successful in this fatal form of dysentery, and would respectfully urge this Society to give their views on this part of my report.

The dreaded epidemic, cholera, has not made its appearance in our village this season, and I have heard of but one case in the county, and that occurred at Galva. The gentleman came through Chicago during the night, arrived in Galva in the morning, and died the same night, or early the next morning.

Not having treated any cases of cholera during the present epidemic, I am poorly prepared to give my views; but, notwithstanding this, probably I am as well prepared as many of you, and, possibly, as well as many who have been treating a great number of cases. Who of you would apply *ice bags* to your patients in collapse with this disease? Who of you would give castor-oil to your patients when the bowels were already profusely running off and the stomach rejecting everything that is swallowed? Who of you would expect to cure your patients when in a state of collapse by the administration of spirits of turpentine and strychnia? And yet such is the treatment recommended by some of the most learned men in our profession. In brief, I have no time to dwell upon this *King of Terrors*. I would treat my patients, if found in the choleric or diarrhœa stage, with small portions of calomel, acetate of lead,

and *sul. morphine*, given every two or three hours, until the diarrhoea was arrested; would order strict quietude and rest, in the recumbent position; very light diet, and small quantity of drinks of any kind—probably small quantities of iced-water, or even ice itself might be considered preferable. A treatment of this kind will usually succeed, but if we are so unfortunate as to lose this valuable time, or our patient sinks at once into vomiting, purging, cramps, and collapse, what is to be done? “Echo answers, what?” Now the critical time has come, and most of such cases die, regardless of the various treatments which have been proposed and used. *Opium*, or *sul. morphia*, so valuable in the first, or diarrhoea, stage, now is of much less value; if it is now given in large doses, or small ones frequently repeated, we produce comatose symptoms, loss of general vital force, a predisposition to *arachnitis*, and it also enhances the chances for a consecutive fever being set up, in case the patient rallies from collapse.

In this stage, I would give *tinct. capsicum*, *tinct. camphor*, *ess. mentha*, *ss.*, and *chloroform*, combined with a very small quantity of *tinct. opii*; this preparation I would administer after every spell of vomiting, and if the vomiting ceased, I would give it as often as the cramps, diarrhoea, and pain seemed to indicate. I should be very careful not to produce the narcotic effects of this opiate. Stimulating injections might, with propriety, be given. *Sinapisms* and dry warmth should be used freely. I would give but little, if any water, preferring my patients should use ice in small pellicles to quench the raging thirst.

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### ARTICLE III.

#### CASE OF OVARIOTOMY.

By D. MASON, M.D., *Prairie du Chien, Wis.*

Was called to see Mrs. H., October 21st, 1865, and found her suffering from ovarian dropsy.

The history she gave of herself is briefly as follows:—She

is now 52 years of age; first noticed a tumor in her right side, 26 years ago, which, at times, seemed to enlarge, and then rapidly recede, and so continued until October, 1864, about 25 years from its first appearance, when a decided and steady growth commenced. In February, 1865, the growth increased more rapidly, and continued until October, when the distress from distension became almost insupportable. She had been attended during the summer by various eclectics, galvanists, mesmerists, and homœopaths, but without any benefit.

On the 21st of October, 1865, as stated above, I first saw her, inviting my friend, Dr. CONANT, to accompany me. The diagnosis was clearly established, and I tapped immediately, drawing off 14 lbs. of gray, turbid fluid, which reduced the tumor to about one-third its former size, very much to the relief of the patient. Her general health had been very much reduced by her suffering through the summer, but rapidly improved after the tapping. I then explained to her the certainty of its refilling, and proposed its removal; at the same time explaining to her the danger, and probabilities of success of the operation.

On the 10th of January, 1866, I was called to see her again, and found her much improved in health, and in good spirits. She expressed herself ready for, and anxious to have the operation done. I proposed the operation for the 18th. On the 17th, gave a full dose of castor oil, which thoroughly emptied the bowels. On the 18th, accompanied by Drs. ANDROS, LOWE, and HAZELTINE, of McGregor, Iowa, and Dr. CONANT, of Prairie du Chien, I proceeded to operate. Having the temperature of the room at 70°, gave the patient a mixture of equal parts of chloroform and sulphuric ether to complete anæsthesia; made the incision on the linea alba, from about an inch above the pubis, upwards about 12 inches in length. The tumor presented itself covered by the omentum and with pretty firm adhesions, the most of which were broken up with the finger, but a few points, more firm, were dissected away. In breaking up these adhesions, a portion of the omentum was slightly torn, and was cut away. Two small arteries were divided in this



procedure and threatened to be a little troublesome, but the hemorrhage was arrested by the application of a little persulphate of iron.

Following the tumor down to its pedicle, it was found to be quite small, about four lines in diameter, two inches in length, and round. It was tied by one strong ligature, the pedicle severed and the tumor lifted out, and was found to weigh seven pounds. During this procedure, the exposed bowels were covered by napkins dipped in warm water; they were now carefully sponged, all little particles of clots removed, and returned to their natural position. The wound was now closed by eight silver wire sutures, the ligature of the pedicle being brought out of the lower angle of the wound; adhesive straps were placed between the sutures; a lint compress; and a broad bandage pinned snugly around the whole. At this time, the effects of the chloroform had pretty well passed off; the pulse 98. Sulph. morph.,  $\frac{1}{2}$  gr., was given immediately, and repeated in an hour, after which,  $\frac{1}{4}$  gr. was given every two hours until the following day.

19th. Has had some vomiting; pulse 100. Sulph. morph.  $\frac{1}{4}$  gr. every four hours.

20th. Pulse 102; respiration 28; vomiting continues at intervals; not much pain. Suspend the morph.

21st. Restless; pulse 104; considerable tympanitis. Gave enema of tepid water; bowels moved, which greatly relieved the tympanitis.

22d. Has passed a comfortable night; pulse 104; pain slight. Dressed the wound, which is healing very kindly.

23d. Much tympanitis, though not much pain; pulse 110; tepid water enema relieves the tympanitis.

24th. Has passed a comfortable night; pulse 108.

25th. Pulse 100; pain slight. *R.* Sp. vini Gallici  $\mathfrak{z}$ ij. every two hours.

26th. Considerable pain from distension of the bowels; enema moves the bowels and relieves all the symptoms.

28th. Has been very comfortable since the last record; remove the sutures; wound pretty firmly united.



30th. Pulse 94; give Rhine wine, ℥j. every two hours, in place of brandy, and beef-tea *ad libitum*. I would here state, that, up to this date, the diet had been toast-water, farina gruel, with small particles of ice to allay thirst.

Feb. 7th. Has been very comfortable since last record; pulse 80; ligature gave away upon a little traction to-day.

12th. Wound entirely healed; appetite good.

20th. Patient returned to her home, 10 miles in the country.

26th. Visited patient at her home. I found her moving about the house, and she expressed herself as feeling quite well, though a little weak.

I would here tender my great obligations to Dr. ANDROS, for his assistance in conducting the after treatment.

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#### ARTICLE IV.

### WOUND OF THE INTESTINE—RECOVERY.

REPORTED BY Drs. MASON & WHITNEY, Prairie du Chien, Wis.

Nov. 13th, 1866. John Fisher, a native of Sweden, light complexion, tall, spare, and of robust constitution, *æt.* 32, was stabbed, in an affray, on the evening of the above day. The instrument by which the injury was inflicted was probably a large dirk-knife. The knife entered the abdominal cavity about an inch below the umbilicus, and nearly over the median line, producing a diagonal wound nearly two inches in length. The corresponding wound in the *transverse colon* was also diagonal, something over an inch in length, and was found to have divided a large branch of the mesenteric artery. When first examined, the larger portion of the intestines had escaped, including the wounded colon, and lay congested and cold upon the abdomen. There had been a good deal of hemorrhage from both ends of the severed artery, which was still bleeding. The pulse was feeble; surface cold and exsanguined; and the patient quite insensible.

A ligature was immediately placed on both ends of the divided artery and closely cut, the contents of the colon in the vicinity of the wound evacuated, the wound cleansed and closed accurately by the Glover's suture, care being taken to bring the serous surfaces in contact. The entire mass of intestines were now carefully examined, when, no other injury being found, they were cleansed with warm water and returned, the small intestines first, and, lastly, the wounded colon. The long ends of the intestinal suture were now drawn up, bringing with them the entire gut, so that the intestinal wound should lie directly under that of the abdomen, to which it was closely applied and secured by fastening the sutures outside. The external wound was now closed by two points of suture and a few straps of adhesive plaster, a pledget of dry lint and compress applied, and all secured by a broad bandage. The patient was ordered to have a little stimulus and  $\frac{1}{4}$  grain of morphine every third hour.

*Nov. 14th.* Had passed a comfortable night; is well under the influence of morphia; pulse 108, quick; tongue a little red and dry; no tympanites, and very little pain. Ordered to continue the morphia, and, for nourishment, oatmeal gruel; for drink, ice-cold toast-water.

*Nov. 15th.* Pulse 120; tongue red; some tympanitis; lies quiet; narcotism pretty well established. Continue treatment.

*Nov. 16th.* Pulse 124; otherwise, same as yesterday; suffering no pain. Continue treatment.

*Nov. 17th.* Same as yesterday. Continue treatment.

*Nov. 18th.* Pulse 132, feeble; tongue very red and dry; tympanitis increased, and some pain. Continue treatment, and for nourishment, beef-tea.

*Nov. 19th.* Removed external sutures; found wound united, except at lower angle, where intestinal sutures were brought out; pulse 138; tympanitis about as yesterday. To increase the doses morphia to  $\frac{1}{2}$  gr. every four hours, and 1 oz. whiskey alternately.

*Nov. 20.* Pulse 132; tympanitis less; no pain. Continue treatment, and dress wound. Bowels moved a little to-day.

*Nov. 21st.* Pneumonia developed in the right lung; cough troublesome; some dyspnœa. Continue morphia, and substitute Mindererus' spirit for the whiskey.

*Nov. 22d.* Patient improved; pulse 124; surface perspiring; considerable rusty expectoration. Continue treatment.

*Nov. 23d, 24th, 25th, and 26th.* Improving; patient comfortable; intestinal suture coming away. Continue treatment.

*Nov. 28th.* Intestinal suture brought away; bowels moved freely. From this date, the patient recovered gradually, having a moderate diarrhœa only, which was restrained by tr. opii camph.

*Dec. 10th.* External wound about healed, and patient walking about.

It will be remarked that the morphia, pushed to moderate narcotism, was steadily persevered in throughout the treatment. Of course it was withdrawn as soon as the tympanitis began to subside and the danger from inflammation had passed. During the process of repair, a red and raised ring was noticed around the wound where, probably, the intestine was glued to the walls of the abdomen by plastic lymph.

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#### ARTICLE V.

### ESSAY ON CHOLERA.

By N. WRIGHT, M.D., Chatham, Ill.

Read before the Illinois State Medical Society, June 6, 1866.

The almost certain reëpppearance of that formidable disease, Asiatic Cholera, amongst us the ensuing year, should claim the especial attention of medical men, whose duty it is to gather around them all the information that is possible to be obtained concerning the various theories of its causes, pathology, and treatment.

It would seem presumptuous in me to attempt to enlighten you, gentlemen, upon this already thread-bare theme; still the

vast importance of the subject, and the intense interest that is manifested by the public mind, demand that the little we may know, or the theories we may entertain, should become the common property of the profession, as well as the community at large, whose protectors and guardians, in matters of health, we are. They look to us in "this the hour of their distress," and we should be prepared by our science and skill to calm the public fear, and thus remove one of the great, if not the greatest, predisposing causes of the frightful epidemic. We should investigate the subject in all its various phases, and when we do meet the disease, meet it calmly, with a mind well prepared by sound pathology and therapeutics, early to battle with the monster and gain the victory, thus showing to the community that the confidence reposed in us, as conservators of the public weal, is not misplaced. Let us be no cowards, but, armed with science and experience, go forth and conquer even the fell destroyer cholera.

I would define cholera, as a disease that is characterized by profound disorder of every vital function—of innervation, circulation, respiration, and secretion. It is attended with more or less prostration and lassitude; with a suspension of all the secretions; a feeling of cold; frightfully sensible to the touch; the breath and tongue of almost icy feel; a voice so peculiar as to entitle it to the *sobriquet* of "vox cholericæ;" with a leaden color of the skin and mucous membranes, wherever perceptible; shrunk features and sodden extremities; cramps of the abdomen and extremities; a pulse quite small and feeble, often imperceptible; respiration accompanied with frequent sighing, and quite difficult—all of these attended with a profuse flux, both *per orem et anum*, of an enormous quantity of sero-albuminous fluid, deficient or entirely wanting in the normal secretions, heavily loaded with mucous epithelium, which has been mistaken for an altered secretion—all of these generally ending in death by asphyxia.

The appearances presented upon dissection are all much the same, with perhaps more uniformity than in most other diseases. The only discrepancy can be easily accounted for, could we but

know the particular stage of the disease in which the subject died. That discrepancy is found in the condition of the lungs, sometimes pale and exsanguious, and at others engorged and turgid with blood. The first, or anæmic condition, I have found when death took place in the early stage of collapse; and the hyperæmic condition, when the collapse has passed away and reâction, either in whole or part, has been established. The chief constant and conspicuous pathological phenomenon that is apparent in every case, is the changed condition of the blood, deprived of its serum, which has passed away in the enormous discharges and left a dark, coagulated mass accumulated in the right cavities of the heart, the vena cava, the portal and emulgent veins. The arteries are, for the most part empty, as, also, is the left side of the heart. The blood thus found, coagulates entirely, without leaving a single drop of serum; heavily loaded with carbon and coloring matter; deficient in the saline ingredients; without a particle of the free alkalies contained in healthy blood. Urea sometimes exists in the blood, where the secretion of urine has not been partially reëstablished previous to death. The mucous surfaces are covered with a substance almost precisely like the rice-water discharges vomited and purged during life. There is mucous epithelium still adherent to the surfaces of the membrane. The liver is filled to overflowing with dark blood, arising, no doubt, from both the obstruction of the central organ of circulation and the loss of fluidity of the blood itself. The bladder is invariably found empty and closed firmly upon itself, affording a diagnostic mark between cholera-morbus and cholera. The spleen is found often enormously distended, and, in fact, not a single abdominal or thoracic organ can be found unmarked with vascular rupture or turgescence of black blood.

Let us, for a few moments, contemplate the changes we find in the various organs from their normal condition, together with the offices they perform in the living machine, and I think we must all come to the conviction that the essence of the disease consists in morbid action of the secreting organs, produced by some poison, diffused throughout the blood, having a special

direction and influence upon the nerves of organic life, or, in other words, upon the great sympathetic or ganglionic system of nerves whose duty it is to preside over the three great operations of life, to wit:—circulation, respiration, and secretion.

In the cold stage of our ordinary intermittent, in the rigor of congestive fever, and in the symptoms of some remittents, we have a few of the symptoms of this disease, though they are but in miniature and of the milder form. We also behold some of its phenomena in our ordinary endemic cholera-infantum—the same persistent nausea; the same albuminous discharge. And, still again, we meet with a closer resemblance in our intermittents, when they assume the malignant, or, as it is often called, the congestive form.

I have seen, and, doubtless, most of you have seen, cases of malignant chills which were almost identical with cholera—the same coldness of the surface and sodden appearance of the extremities; the same shrunk, pinched countenance; even the “*vox cholericæ*,” with the small and often imperceptible pulse; attended too, by vomiting, purging, and cramps. It was the close resemblance of one of these cases, years ago, when intermittents were of a more malignant character than now, that led me to investigate the relations that exist between cholera and miasmatic diseases; not that they are precisely alike, but there is a striking analogy between them in some of their symptoms, particularly the organs most affected. The locality too, which produces cholera in its most frightful forms, is identically the same as of miasmatic diseases. India, on the banks of the Ganges, the cradle of the scourge; the delta of the Nile; the valleys of the Mississippi and the Rio Grande; and, in short, wherever you find alluvial deposits and malarious regions, there you will find favorable localities for its propagation and foci from which it disseminates itself.

I would not wish to be understood as classing cholera with diseases of miasmatic origin, simply because they are rife in the same regions that cholera has ravaged and still continues to devastate; nor yet from the strong resemblance that cholera has in some of its earlier symptoms to this class of diseases;

but I do think that there is a strong family resemblance between them, and that all the phenomena of the disease clearly indicate that both are of that class of disease which first shows itself in its effects by the derangement of the nerves of organic life.

To elucidate, in part, the pathology of the disease, I would call your attention to the fact, that the onus of the morbid impressions is first felt by the chylopoietic viscera, which are supplied with nerves from this system. When we consider the physiological purpose of the ganglionic system of nerves, and that all vital actions are produced through their influence; that they are distributed to the heart, lungs, liver, spleen, and kidneys, as well as to all the viscera contained in the thoracic and splanchnic cavities, and that these organs feel the touch of the disease almost simultaneously, we are compelled to admit that it is upon these nerves that the disease is hurled.

The doctrine that malarious diseases were derangements of the ganglionic system of nerves, is no new theory; but, until quite recently, the fact, as such I may now call it, has not been demonstrated. Prof. J. H. SALISBURY, in his experiments, as related in the *American Journal of Medical Sciences*, shows that the essence of malarial poisoning consists of minute cells of an algid type, closely resembling palmella that are produced under favorable circumstances of heat and moisture, inhaled into the lungs, thence through the blood; and these affect the vital functions of the nerves of organic life; change the normal condition of the secreting organs, and thus produce malarial poisoning. Such may be, and quite likely is, the manner of the working of cholera, at least there is a striking resemblance between the operations of the two classes of poisons—affecting the same organs in much the same manner, through the same means, though with a different degree of intensity.

From a careful survey of the various epidemics, as narrated by careful observers, and from no inconsiderable experience in the disease, I am fully satisfied that it can only be communicated through and by means of matter vomited or purged that may have an immediate effect upon systems prepared to receive



them; or they may act remotely upon the putrid products of decay, made up of decomposing animal and vegetable matter, in our large cities; hence, the intensity and diffusion of cholera is in an inverse ratio to the sanitary condition of the place. Atmospheric causes have, doubtless, much to do, as remote agents, in spreading the disease, still they are unable to produce it without the aid of local inoculation of existing filth and decomposing matter by cholera poison from some one having the disease. It travels no faster than it is carried, and stringent quarantine and strict sanitary measures will do much to avert, if not to exclude, it from any place.

If the foregoing views of the origin and pathology of this disease are correct, and the more I read and reason upon the subject, the more I am convinced they are, the plan of treatment must be simple and plain, but the means by which to accomplish it *hoc opus, hic labor est*.

The obvious pathological changes, as we have previously stated, are in the blood, and an impaired or subverted innervation of the ganglionic system of nerves presiding over the functions of organic life, that are distributed to the heart, lungs, and viscera contained in the abdomen.

With these changes constantly in view, our efforts will be, first, to sustain the vital powers; then, to arouse and change the impaired action or non-action of the splanchnic nerves; then to arouse and restore the suspended secretions and compel the various organs *revocare gradum*.

All remedies may be, and indeed often are, abused or misused; and stimulants, in this our day, seem to be in some danger of abuse, as it is the fashion to stimulate for everything. I would wish to use them so as to avoid Scylla on one side, and Charybdis on the other. The scripture tells us to "give strong drink to him that is ready to perish, and wine to him that is of feeble heart," and I know of no disease that "fills the bill" of the wise man so completely full as the one now under consideration. Active and diffusible stimulants must be freely used to overcome the extreme prostration and bring about the so much desired reaction. We must restore the lost equilibrium of the



circulation and innervation, arouse the capillary circulation of the skin and mucous membranes, as well as the organs contained in the abdomen; reëstablish the biliary and urinary secretions, and even when these are accomplished, our work is hardly begun. The vast quantities of effete matters that are retained in the blood, the result of suspended secretions, must be eliminated before we can feel assured that our patient *superasque evadere ad auras*. When we look for a moment at the enormous amount of secretion in a healthy adult, the saliva, the gastric juice, the pancreatic fluid, the bile, the urine, the cutaneous exhalations, and carbonic acid thrown off by the lungs and think that these are all retained in the system, why do we wonder that death takes place so soon as it often does in cholera? Why not rather wonder that the patient survives so long?

One great point in the pathology of cholera, which has attracted more attention than all others, is the anæmic condition of the left side of the heart and arteries, and the excessive hyperæmia of the right side of the heart and veins. Some late observers and writers have attributed this to spasm, or rather, as they have called it, *tetanic* spasm of the arteries and capillaries, particularly of the branches of the pulmonic arteries, that has closed these vessels and thus prevents the transmission of the blood through the lungs, and, consequently, no blood enters the lungs to be there oxygenated and passed to the left side of the heart, and again to pass its rounds in the system. At first view, there would seem to be some plausibility in this hypothesis. The success that blood-letting and nauseants, and even emetics, and, more recently, chloroform, have met with by their known powers of relaxing spasm, and thus (as is claimed by the supporters of this tetanic spasm theory) permitting the transmission of the blood through these closed capillaries, I admit looks very reasonable, if the obstacle to the circulation be of the nature of tetanic spasm. But if, on the other hand, a want or absence of tone in the capillary vessels and branches of the pulmonic arteries, arising from deficient innervation of the nerves that govern the circulation be the cause that obstructs the blood and prevents its entrance into the lungs, there to

receive the vivifying element that fits it for sustaining vital actions, if this be the cause, as I believe, it is evident that these means can afford but temporary relief and, in the end, but hasten the fatal result. The reason that seems to me perfectly satisfactory for the stoppage of the blood in the right side of the heart and in the pulmonary artery, is a want of nervous power that should be imparted by the sympathetic, which system is overpowered or stricken down by the poison of the disease. With this view of the causes that produce the unequal circulation, our attention should be directed to arousing the energies of the nervous system, particularly the ganglionic nerves.

The best means to accomplish this with, in my hands, in many cases of malignant chills, has been large and oft-repeated dry cups applied to the epigastric region, for beneath this region lies the great epigastric or solar plexus of the sympathetic system, from which plexus radiates the nerves that supply nearly all the viscera in the abdomen. I need not enumerate the various ganglia and their distribution, but if there is one point in the human body that is, or can be called, the centre of organic life, the solar plexus is that point. The shock imparted to the nervous system through the nerves radiating from this plexus by a large cup applied and repeated over this region, has saved patients of mine, suffering with malignant intermittents that I do not believe could have been saved by any other means in my power; the nervous system was aroused by this means, and stimulants and tonics completed the work. Strong rubefacients should be assiduously applied along the entire length of the spine while cramps or spasms continue, and friction with the hands and flour of mustard or capsicum wherever they appear. External heat, in the form of hot baths, whenever they can be had, with mustard freely infused, must be used for the purpose of keeping up the temperature of the body and arousing the capillary circulation of the skin.

An excellent, and in the country, in the absence of a bathing tub, a very convenient method of administering external heat is by means of ears of maize boiled for some time in water, and

placed, while hot, around the patient in bed, or what is called a corn sweat; mustard sinapisms to the wrists and inside of the thighs and ankles; hot pediluvia, increased with red pepper or capsicum; and a flannel dipped out of hot water and sprinkled quickly with spts. terebinth., applied hot to the abdomen; and injections of warm water per anum, as warm as you dare to use, to the amount of two or three pints, together with warm bed-clothing and the recumbent position. All of these should be persevered in as adjuvants to the medical treatment.

I am well aware that treating symptoms is not a very sound or rational practice, but we have high authority for combating or avoiding the tendency to death, and we are justified in our efforts to alleviate the pain our patient is suffering while we are awaiting the action of medicines that may restore him to health. Vomiting is one of the symptoms that distress and harass the patient, and at the same time prevents the retention of medicines we may have administered to overcome the disease. Cold or ice-water is very grateful to the sufferer, and often it seems to check the vomiting. Ice-cold sparkling wines, as catawba or champaign, often are the best drinks that can be given our patients. Creosote, in doses of three or four drops in a little cinnamon water, with about half an ounce of gum Arabic emulsion, will sometimes check this distressing symptom. Mint juleps and the common effervescing soda-water, mixed with ice, is an excellent means for allaying the distressing vomiting, and at the same time it alleviates the tormenting thirst.

Opium, we all know, in small doses, frequently administered, acts as a stimulant, and, at the same time, will allay the excessive irritability and pain that accompanies the early stages of the disease. It, however, is a remedy that must be used with great caution and carefully watched, that narcotism is not produced, and it should be altogether withdrawn when the consecutive fever stage springs up.

Ipecachuana, in small doses, will be found of great assistance, by its effects upon the skin, and combined with camphor, which will do much to sustain the enfeebled nerves, and at the same will do all that we can do with medicine to relieve the frequent spasm.

Calomel must not be forgotten, to arouse the dormant secretions, especially of the biliary organs; but the enormous doses that have been given in this disease are but a wanton waste of a useful medicine. The quantities of each will vary with the peculiar characteristics of the epidemic and with different cases of the same epidemic, as well as the intervals of time in which they should be administered.

R.	Hyd. Sub Murias, -----	grs.xvj.	℥ij.
	G. Camph. pulv., -----	grs.xviiij.	ʒss.
	Pulv. Ipecach.,-----	grs.xij.	grs.xviiij.
	Pulv. Opii, -----	grs.xij.	grs.xiv.

M. Divide into 24 pills.

From the strong resemblance of many things in cholera to miasmatic diseases, and the well-established efficacy of quinine in the latter, it would seem well worthy a place among our remedies in this disease, and many have used it with much satisfaction. Oxygen gas, could it be easily obtained, would be a powerful assistant before the collapse stage of the disease.

This is but an imperfect outline of the treatment I would propose for the early stage of the disease, and often the judicious treatment of this stage will obviate the necessity of treating the more advanced stages and severer forms.

But should the disease progress in spite of all our efforts, and bad cases generally will, and extreme collapse ensue, shall we give up in despair? Cold effusions, in the form of shower baths, applied so as to produce as great a nervous shock as possible, have been known to save the patient when in *articulo mortis*. Opiates can rarely be used now, and all our efforts must be used in every possible way to reanimate the almost dead body—diligent friction, after the cold shower bath; hot blankets and strong irritants more assiduously applied to the spine and abdomen; and the stimulants, both alcoholic and diffusible, should now be carried almost to the heroic—these should be tried, but, I confess, with little hope of success in this stage of the disease.

The consecutive fever that follows the recovery from cholera is often of as much importance as the disease itself. Local inflammation, arising from the suspended secretions in the vari-

ous organs, will demand our attention, with appropriate means for their removal, which will best be understood by the appearance of the case itself. Local abstraction of blood, with counter-irritants, and even blisters, together with appropriate remedies for restoring the secretions that have been suspended, these, with a light, nutritious diet, will generally restore our patients to health again.

*Resume.*—1. Cholera very closely resembles diseases of miasmatic origin, as well in the choice of its location as in the identity and manner of the organs affected, and in the success that the same treatment has with both diseases.

2. That both miasmatic diseases and cholera are essentially manifested in derangement of all the secretions dependent upon deficient circulation of the blood, caused by want of innervation of the nerves of organic life belonging to the ganglionic system that are stricken down by the poison of the disease.

3. That the first and greatest object in the treatment of this disease, is to arouse the energy of these nerves by some sudden shock, so that they will supply the proper stimulus to the heart and arteries sufficient to keep up the circulation which may be much assisted by keeping the temperature of the body up to, or above, the normal condition.

4. That the proper and judicious use of stimulants, nervous, alcoholic, and diffusible, with other means mentioned above, to arouse the dormant secretions after the nervous system has been aroused, afford us much encouragement in the treatment of this disease.

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#### ARTICLE VI.

#### CASE OF DEATH FROM CHLOROFORM.

By C. R. PARKE, M.D., Bloomington, Ill.

Read to the Illinois State Medical Society, June, 1866.

MR. PRESIDENT:—Permit me to report the following case of death from the inhalation of chloroform:—

On Saturday, June 2d, I was called to administer chloroform

to Miss —, age about 20 years, apparently in good health. Object, the extraction of teeth.

On the previous Wednesday, chloroform had been administered by a dentist, and six molar teeth extracted, without any deleterious effects.

On Saturday, she seated herself in a regular dental chair, was quite cheerful, and anxious to get under the influence of chloroform. I placed about  $\frac{1}{2}$  of a drachm of chloroform on a sponge and applied it to the nose in the usual way, covered by a towel. This quantity not being sufficient to produce the desired result, an additional  $\frac{1}{2}$  of a drachm was poured upon the sponge, which, amount, in a few minutes, sufficiently affected her so as to enable the dentist to extract three molar teeth, with but little pain. She sat up and spit out the blood that accumulated in the mouth, after which she gave me to understand that I must give her more chloroform before she could submit to the further extraction of any more teeth. The remainder of the *drachm* of chloroform was then poured upon the sponge and given as before. In a few minutes, she was considered sufficiently under its influence, to have the remaining teeth (three) extracted.

Just before the doctor succeeded in extracting the last tooth, I noticed a deathly pallor of the countenance; complete cessation of respiration; pulse scarcely perceptible for a minute, when it ceased entirely. There was also considerable capillary congestion about the skin of the upper portion of the chest, also dilatation of the pupils. Prior to the appearance of the pallor of the face, there was not an unfavorable symptom present.

Immediately upon the presentation of the above symptoms, I drew the tongue as far out of the mouth as was necessary to allow the air to enter freely, and, with the assistance of Dr. H. LUCE, kept up artificial respiration. Applied aqua ammonia to the nostrils and introduced a small quantity of brandy into the mouth. A catheter was also introduced down into the pharynx, through which we blew, thinking the air might the more readily enter the lungs; at the same time we applied the electro-galvanic battery to the spine and muscles of respiration,

all of which means were used diligently for three-quarters of an hour without avail, she only making three attempts at inspiration during the commencement of our efforts at artificial respiration. The pulse acted as it commonly does, during the administration of chloroform, first being excited, then depressed, nothing indicating cardiac trouble of any kind. There was none of that lividity of countenance witnessed in asphyxia. The whole transaction, up to the fatal minute, was not over twenty-five minutes; and the amount of chloroform used, only one drachm.

This is the first fatal case I ever witnessed from the inhalation of chloroform, and I suppose I have administered it, and seen it administered, in this country and in Europe, nearly a thousand times.

Any suggestions thrown out by this Society, as to the particular action of the anæsthetic, and the cause of death in this case, will be thankfully received. My opinion is, it was paralysis of the heart, with congestion of lungs.

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ARTICLE VII.

A CASE OF ELEPHANTIASIS—SUCCESSFUL  
RECOVERY.

By R. DEXTER, M.D., Chicago.

Carrie G., *æt.* 20, an inmate of the Erring Women's Refuge, gives the following history of herself and the outgrowth:—

Is a native of Rochester, N.Y.; has resided in the southern part of Illinois several years. A little more than a year ago, she observed that the external labia were somewhat increased in size, and presented an unusually rough appearance. The rapid growth of the parts induced her to seek medical advice. The external application of iodine was prescribed, together with the exhibition of internal remedies, but without any beneficial results.

The advice of another physician was sought, but change of treatment brought no relief.



Our attention was called to the case about two months since. Found the external labia enormously hypertrophied, presenting every appearance and symptom of elephantiasis. Each lip was about five inches long, and one and a-half inches through. It seemed that but one alternative remained, *viz.*:—excision. The counsel of a medical gentleman was obtained, who fully concurred in the opinions above given.

Accordingly, on the 21st of December last, we removed the entire mass. Hemorrhage was controlled during the operation by tying the arteries as they were divided. There were four on each side, but were not enlarged. Recovery will be perfect, with but trifling deformity.

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### Proceedings of Societies.

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#### CHICAGO MEDICAL SOCIETY.

At the meeting of this Society on the evening of the 21st of December, 1866, Dr. Ira Hatch related a fatal case of cerebro-spinal meningitis, or spotted fever, that had occurred in his practice recently. During the discussion that followed the relation of the case, Dr. Orrin Smith referred to the efficacy of sulphuric acid in the treatment of erysipelas and small-pox, claiming that when given in efficient doses, its effects were more promptly curative than the tincture of chloride of iron.

At the same meeting of the Society, Dr. Quales presented the uterus of a female recently dead from puerperal or child-bed fever, in the County Hospital. It showed the usual appearances of severe inflammation.

At the meeting on the evening of Dec. 28th, 1866, the question for discussion was as follows:—"In what class of cases, and when, are surgical operations justifiable, in the treatment of cancerous diseases?"

Dr. Bogue, in opening the discussion, remarked that, as a general rule, the results of operative procedures for the removal



of cancerous tumors were unsatisfactory. Epithelial cancers and scirrhus in its early stage, are the varieties most likely to be permanently benefited by extirpation. As a general or average result, thinks it doubtful whether life is prolonged by surgical interference. Regards operations sometimes justifiable for the purpose of giving the patient temporary relief from the great pain and offensiveness of the encephaloid cancerous growths in their advanced stage. When the disease affects one of the extremities, he regards amputation as preferable to the simple extirpation of the tumor.

Dr. G. Paoli said he thought the profession divided in opinion, as to the value of surgical operations in cancerous diseases. Statistics appear to show that a large majority of cancerous patients die in from 12 to 18 months after surgical operations for their relief. He claimed that many cases of the epithelial variety of cancer, and some cases of scirrhus, were benefited by operations for their removal. But if the latter variety existed in both breasts, or involved the neighboring glands, or the patient had attained an age beyond 55 or 60 years, no operative procedures should be undertaken.

Dr. Nelson related an interesting case of supposed cancerous tumor in the axilla of a soldier, which was extirpated in Boston, in 1862 or 1863, and up to this time the man remains well.

Dr. E. L. Holmes remarked that the case related by Dr. Nelson, and others like it, certainly justified operations to some extent. He also thought an operation sometimes justifiable, simply to obtain temporary relief from severe suffering and annoyance. He thought, however, that the diagnosis of cancerous tumors was in some cases extremely difficult; the results of microscopic examinations not affording a sufficient test.

The discussion was further continued by Drs. N. S. Davis and H. M. Lyman, both of whom advocated the propriety and importance of paying more attention to the constitutional treatment of cancerous diseases.

ELGIN MILK CONDENSING COMPANY.

Dr. Hamill reported the observations made by himself and Dr. H. A. Johnson, during a visit to the "Elgin Milk Condens-

ing Company," which were of a very satisfactory character. The whole process, from the delivery of the milk by the dairymen, until it was prepared in its condensed form to be delivered to consumers, was exhibited to them. The integrity of the parties, the scrupulous care with which the milk is received, the cleanliness and sweetness of every vessel through which it passes, are guarantees to the public for its good qualities. It is recommended to the profession and the community for the following reasons:—

1st. It is procured from healthy cows, that are not fed with slops from the distilleries, and are not kept, during any part of the year, in dark, close, and dirty barns.

2d. The process in no way deteriorates the quality of the milk, and its bulk is diminished, making its transportation easy.

3d. It is of uniform strength, requiring three parts of pure water to one part of condensed milk to bring it to the standard of good fresh milk. There is no drug or chemical used or mixed with it.

And, lastly, it can be kept for a much longer time, at any season of the year, from becoming sour, if proper care is taken.

It is the pecuniary interest of the company to use good milk for condensing, and none other; this furnishes an additional guard over the purity of the article.

In consideration of these facts, it is especially adapted to the nourishment of infants who are deprived of a mother's care, or of good milk; if it supplies no other want, it will confer an unlimited blessing on this dependent class of human beings.

The following letter from Prof. Johnson to Dr. H., will be read with interest by all, and needs no comment:—

DR. HAMILL—*Dear Sir:*—I received from Mr. Hinckley a specimen of the milk, condensed at Elgin in our presence, and have subjected it to an examination, for the purpose of ascertaining what changes have taken place in its constitution. I added to one part of the "condensed milk" three parts of water, mixing well. The sp. grav. was then 1030, water being 1000. The casein did not differ, so far as I could judge, from that of good uncondensed milk. The amount of cream was

*within* the range of good new milk. The corpuscles, as seen under the microscope, to a *very limited* extent, were broken, and in size, were somewhat more variable than those of good uncondensed milk, the effect, I presume, of the mechanical agitation during the process of condensation. The taste of the milk, after condensation and dilution, as compared with specimens of the same milk before condensation, was somewhat richer, giving the impression of more cream, due, I think, to the rupture, as previously stated, of the envelopes of some of the corpuscles. This, while it gives a richer taste, in no way impairs the quality of the milk. I used in my examination, as a standard of comparison, the new milk from my own cow, a healthy animal, yielding, as we think, milk of an excellent quality. This process in no way injures the quality of the milk, while it diminishes the bulk for transportation; is clean; is not likely to be adulterated, and may be kept without change for a much greater length of time. I take pleasure in saying that, in my judgment, the public may rely upon it implicitly, and I trust that the gentlemen interested may find sufficient encouragement to induce them to continue its preparation.

In conclusion, I beg leave to suggest, that, as in all milk adulterated, whether with water alone, or with water and an admixture of other ingredients, the cream is invariably diminished in relation to its bulk or quality, that the galactometer may be advantageously resorted to as a means of examination in cases of suspected falsification. This instrument consists of two glass tubes, of considerable size, connected by a smaller tube. This latter has a graduated scale attached. The instrument is filled with milk up to the small tube, a portion of acetic acid is added; the two well shaken together for a minute or two, when the butter, liberated by the acid, rises to the surface and fills the smaller tube. If gently warmed it will become limpid, and the amount will be indicated by the graduation of the smaller tube. If it be desirable to determine the proportion of cream to the whole amount of milk, the capacity of the instrument and the value of the divisions on the scale should be determined. If, for instance, the capacity of the larger tube

be five times that of the smaller, and the tube be divided into ten equal parts, it would be easy to determine, within a very small fraction, the relative proportions of cream in the milk with which the instrument is charged.

This process does not give, it is true, a scientific analysis of milk, but indicating, as it does, the amount of cream, its results are sufficient for all practical purposes.

Very truly, yours,

H. A. JOHNSON.

611 Wabash Avenue, December 28th, 1866.

After hearing the report of Dr. Hamill, the following resolution was offered by Dr. N. S. DAVIS, and unanimously adopted:

*Resolved*, That the great importance of having milk pure, uniform in quality, and capable of remaining sweet longer than that ordinarily distributed directly from the dairy, makes the condensed milk furnished by the Elgin Milk Condensing Company an article of great value to the community, and one which we freely recommend for general use, and especially for use in feeding children.

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#### MILITARY TRACT ASSOCIATION.

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The Association met in semi-annual session, at Galesburg, on Tuesday, 11th day of December, 1866, at the hall of the Christian Association, A. H. Thompson, M.D., President, in the chair.

The proceedings of the previous meeting were read and adopted, when the following physicians were presented for membership, and were elected:—Drs. Spalding, Hamilton, Phillips, Woodward, Burlingham, and H. M. Hurd, of Galesburg; Drs. Ewing, Webster, and Crawford, of Monmouth.

It was voted that Dr. McClanahan, of Mercer County, be elected an honorary member, with all the privileges of the Association.

Reading of essays being next in order, Dr. Crossley, of Princeton, read an article on Army Itch, or "Illinois Scratches," which elicited quite an animated discussion.

Dr. Woodward gave a history of the disease, as it prevailed among the soldiers during the late war; and also exhibited some animalculæ recently taken from a patient under his care. He considered the insect essentially different from the true *acarus scabiei*, but believed the disease amenable to the same treatment. The treatment used by him in the army was, iodide of arsenic internally, and ungt. hyd. oxid. nit. externally.

Dr. Nance believed the disease to be caused by animalculæ, and that the ungt. hyd. fortis, properly applied, was a certain cure.

Dr. Spalding recognized the disease as being identical with scabies; curable with the migt. sulphuris.

Dr. Holton believed the disease to be caused by animalculæ, but differing in the form of eruption produced by the *acarus scabiei* not infesting the spaces between the fingers and about the joints; both amenable to mercurial treatment; but the difficulty of effecting a cure in the army, was the inability to observe cleanliness, also the frequently depressed physical vigor of the patient.

Moved by Dr. Crossley, and carried, That the disease under consideration is animalcular in origin; and that mercury or sulphur is the treatment.

Dr. Nance, of Kewanee, read an essay on the Endemic and Epidemic Diseases of Henry County, during 1866.

Moved and carried, That the Association return a vote of thanks to Dr. Nance, for his very interesting essay.

Dr. Holton, of Buda, read an interesting paper, entitled "Remarks on Different Subjects," being a detailed history of a variety of cases, of much interest, coming under his care during the past summer.

#### REPORT OF CASES, AND PRESENTATION OF MORBID SPECIMENS.

Dr. Woodward, of Galesburg, presented the calvaria of a boy, *æt.* 15, coming under his observation while in service in the army, who had been kicked by a horse over the right supra-orbital region four years prior; portions of the frontal bone having been removed by a physician in Madison, Wisconsin,

the patient suffering with epilepsy. The peculiar features in the case were, that the convulsions could be produced at any time by pressure upon the cicatrix, and continued as long as the pressure was maintained; and, that during the eighty hours prior to his death, he had two hundred distinct convulsions.

Dr. Nance, of Kewanee, presented a specimen of renal calculus, of the mulberry variety, with a history of the case.

Dr. H. S. Hurd, of Galesburg, reported an exceedingly interesting case of aneurism of the innominate artery, and right sub-clavian.

Dr. Scott, of Kewanee, reported a case of anchylosis and caries of the right elbow-joint, occurring in a boy *æt.* 13, of scrofulous habit; after inflammation of the synovial membrane and cartilages of the joint. When the case came under the Doctor's care, it was of several months' duration. Amputation resulted in recovery. The morbid specimen was exhibited to the Association.

Dr. Holton, Chairman of the Committee of Resolutions, in respect to Prof. Brainard, deceased, reported:—

*Resolved*, That, on account of a dispensation of Providence in removing our brother, Prof. D. Brainard, from our midst, we recognize the hand of Him who is the author of our being, and we desire to say, His will be done.

*Resolved*, That our brother had acquired the reputation of being among the first as a teacher, and as an operator in surgery; and that his character and position for usefulness was world-wide; therefore, we deplore his loss as irreparable.

*Resolved*, That in his life we see encouragement to persevere in our efforts to arrive at a position of distinction, and to improve our ability to alleviate the sufferings of humanity; and we regard him as a worthy example for the profession.

*Resolved*, That we sincerely condole with the remaining members of the family.

[Signed]

N. HOLTON, M.D.,	} Committee.
JOHN EWING, M.D.,	
H. S. HURD, M.D.,	

Moved, by Dr. Holton, and carried, that a committee of five be appointed, to report on surgery, practice, obstetrics, materia medica, and therapeutics.

The Chair reported the following gentlemen on said committees:—

*Surgery*—Drs. Hamilton and Spalding, of Knox; Crossley, of Bureau; Secord, of Henry; Webster, of Warren.

*Practice*—Drs. Latimer, of Bureau; Hume, of Henry; H. S. Hurd, of Knox; Crawford, of Warren; Boardman, of Stark.

*Obstetrics*—Drs. Nance, of Henry; Holton, of Bureau; Webster, of Warren; Morse and Woodward, of Knox.

*Materia Medica and Therapeutics*—Drs. Ewing, of Warren; Smiley, of Henry; H. M. Hurd, of Knox; Clark, of Henry; Breed, of Bureau.

Moved, by Dr. Nance, and carried, that the President shall notify the committees one month before the meeting of the Association.

The President appointed Drs. Burlingham, of Knox, and Webster, of Warren, on special essays.

Moved, by Dr. Holton, and carried, that the President and Secretary be a committee on publication.

Moved, by Dr. Crossley, and carried, that a vote of thanks be returned to the members of the profession in Galesburg, for their courtesy; also to the Christian Association, for the use of their hall.

Moved, by Dr. Spalding, and carried, that we adjourn, to meet at 10 o'clock A.M., on the second Tuesday in May, 1867, at Monmouth.

A. H. THOMPSON, *Pres't.*

GEO. H. SCOTT, *Sec'y.*

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#### MORGAN COUNTY MEDICAL SOCIETY.

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Thursday, December 11th, 11 o'clock, A.M. Society met pursuant to adjournment.

Dr. Wagely was elected to preside, in the absence of the President and Vice-President.

The Secretary read the minutes of the last meeting, which were adopted.

The President called for the report of committees.



Committee on examination of credentials reported unanimously in favor of Dr. Dutton for membership, who was immediately elected by unanimous vote.

The committee on fee bill reported that they would be prepared to submit to the Society the result of their labors at the afternoon session.

Dr. Prince exhibited several varieties of instruments for producing spray for medication of the air-passages, and for deadening the sensibilities of parts in order to lessen or prevent the pain attendant upon surgical or dental operations. He went briefly into a history of the introduction of the method of inhaling medical substances blown off in spray, as first practiced in France and Germany, and then explained the instrument invented by Dr. Richardson, of London, for the production of insensibility of parts by blowing upon them a spray of ether or rhigoline, which is capable of freezing in a few seconds by the tendency of rapid evaporation to produce cold. He exhibited an ingenious modification of the apparatus devised by Dr. Black for the purpose of shielding the lips and tongue from the spray while it is being blown upon the gums preparatory to extracting teeth.

Dr. Prince referred to cases in which union by the first intention had occurred under unfavorable circumstances after the application of the spray of ether to the cut surfaces. He thought this result was secured by the speedy arrest of the flow of blood from the minute vessels under the influence of cold.

Dr. Edgar confirmed this view, by selecting cases occurring in connection with the battles at Vicksburg, in which union by the first intention had been secured by the application of ice to the wounds immediately after the amputation and before the final dressing.

Dr. Black made some remarks explanatory of his employment of the spray in extracting teeth, thinking the instrument a valuable means of lessening or destroying sensibility. In some cases he had found patients unable to bear the sudden reduction of the temperature on account of the exposed and irritable condition of the nerve of the tooth. In some of these

cases he had succeeded in employing the spray by first covering the tooth with wax.

On motion it was resolved that the thanks of the Society be tendered Dr. Black for his valuable contribution to dental surgery.

The subject of local anæsthesia being under consideration, Dr. Edgar related a case of ankylosis of the elbow-joint of a young lady, treated with chloroform and olive oil to the joint, enclosed in oil silk to prevent evaporation, by which means all sensation was removed, the adhesions were broken up and the joint restored.

Society adjourned to meet at 2 P.M.

At 2 o'clock P.M., the Society met. The Vice-President in the chair.

Dr. Warriner presented samples of his purified castor oil to the society for inspection and trial.

Committee on fee bill, Drs. Askew, Fisher, and Prince, submitted the following list of prices, for the establishment of a somewhat uniform rate of compensation for medical and surgical practice in the county:

For the purpose of a general guide in grading compensation for professional services, the following estimate is accepted by the members of the Morgan County Medical Society:

The higher charges for services of a surgical nature do not imply greater attainments than are required for skilful medical practice, but they are considered necessary in view of the less frequency of the cases and the expense necessarily incurred in providing instruments and apparatus.

Each member is still left to his full discretion to increase or diminish his own rate of compensation, in view of the pecuniary circumstances of his patients, or as a conscientious estimate of the value of his services, compared with those of members of greater or less attainments.

Ordinary office advice, not consuming much time,

and involving no unusual care in investigation,

\$1 00

Careful investigation in a physician's office or elsewhere, consuming considerable time, and

often requiring the introduction of a sound or catheter, the employment of chemical tests, the introduction of an exploring needle, the employment of a speculum, a stethoscope, an ophthalmoscope, or a laryngoscope, by those skilled in these means of investigation,-----

	5 00 to 25 00
Visit in town-----	1 50 to 3 00
Subsequent visits same day without special call,-----	1 00 to 2 00
Night Visit,-----	3 00 to 5 00
Extra patients in same family, each,-----	1 00
Mileage— <sup>1</sup> / <sub>2</sub> day,-----	1 00
“ —night,-----	2 00
Obstetrics, uncomplicated, within three miles,---	10 00 to 25 00
Delivery, by turning, forceps, or perforation,---	25 00 to 50 00
Subsequent visits in town for the first three days, to be included in the charge, unless fever, inflammation, or other complication render unusual attention necessary.	
Subsequent visits in the country, the same as in other cases.	
Attendance on small-pox, per visit, (mileage extra), -----	5 00
Consultations (mileage extra),-----	5 00 to 10 00
Gonorrhœa and syphilis, in advance,-----	10 00 to 50 00
Minor surgical operations, like opening abscesses, dressing bruised fingers, bleeding, cupping, the formation of issues, and the introduction of setons,-----	1 00 to 5 00
Dressing injuries of greater extent or danger, including fractures and dislocations, easily treated, and the ligation or acupression of arteries in wounds of little importance, the amputation of toes and fingers, circumcision, the removal of the tonsils—the uvula, etc.,-----	5 00 to 25 00
Dressing large or dangerous wounds, requiring the closure of important arteries to arrest hemorrhage, adjusting fractures and dislocations of greater magnitude or involving greater difficulties, the operation for hydrocele, for hair-lip,	

for strabismus, paracentesis, amputation of the breast, castration, the removal of tumors, not involving great difficulties, staphyloptophy, laryngotomy, eridectomy, amputation, or extrac-

of the eye, ----- 25 00 to 100

Capital operations, including the larger amputations, resections, and exsections, and the removal of the parotid gland, trephining, ovariectomy, heriotomy, lithomy, the more difficult plastic operations, the reduction of dislocations which have resisted previous attempts, the adjustment of oblique fractures of the thigh and of those involving the neck of the femur, or of the knee-joint, compound and comminuted fractures of the larger bones and joints, extraction of cataract, and the formation of artificial pupil, ----- 100 to 1,000

Subsequent attendance the same as in other cases.

The President declared any remarks on the subject to be in order.

Dr. Cassell thought a fee bill might be referred to as a general guide, but that great latitude must be allowed for varying circumstances, which the physician must respect.

Drs. Craig, Askew, Reed, Fisher, Johnson, and others offered remarks on the subject, when the list of prices, as submitted by the committee, was adopted by unanimous vote.

The Vice-President reported a novel and interesting case of menstruation and escape of liquor amnii during eight months of pregnancy.

Dr. Wagely moved the subject of puerperal fever be taken up.

Dr. Prince apologized for the delay of his paper on that subject, and promised it should be forthcoming at the next meeting.

Dr. Edgar called attention to the liability of error in practice from failure to diagnose correctly the pathological condition in each case of puerperal fever, *i.e.*, whether dependent on a true

toxæmia, or on metritis, phlebitis, peritonitis or metroperitonitis. That the toxæmic condition being attended with an asthenic grade a fever indicated a supporting treatment while the purely inflammatory cases might be better treated by early free depletion and full exhibition of anodynes.

The further consideration of the subject was postponed until the next meeting.

On motion the Society adjourned to meet on the second Thursday of January, 1867, at 1 o'clock P.M.

R. E. McVEY, M.D., *Pres't.*

C. T. WILBUR, M.D., *Sec'y.*

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#### QUINCY MEDICAL SOCIETY.

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The semi-annual meeting of the Quincy Medical Society was held at the office of Dr. Zimmermann, in Quincy, Nov. 18th, 1866.

A quorum being present, the President, Dr. C. A. W. Zimmermann, called the meeting to order. The proceedings of the annual meeting having been read and approved, the President proceeded to deliver his able and elaborate essay upon Bright's Disease. The manner in which he treated the subject may be inferred from the following extract from the exordium:—

“I discharge this obligation with no inconsiderable degree of pleasure, inasmuch as this subject is classed among the most interesting in pathology; and I intend discussing it by strictly following the medical literature as far as it deals with facts, and particularly as far as it touches the anatomy of this disease, and eschews hypothesis; while I shall sometimes mention my own experience, which is naturally enough based on observations in view of the sick couch, and the therapeutics of the disease, which are without exception open for discussion.” The President entered at length into the consideration of the causes, pathology, diagnosis, prognosis, and treatment of Bright's disease.

On motion, resolved, that the thanks of this Society be tendered to the President for his able essay, and that a copy is hereby requested for publication.

The Secretary then read the history and treatment of two cases which had come under his observation since the annual meeting:—

CASE I. *June 21st, 1866.* Was requested to visit Mrs. S., aged 25 years. I learned from her that she had been confined to the bed seven weeks, and had vomited, most of the time, every hour. The matter ejected is described as green and yellow; urine natural in quantity, specific gravity 1.011, acid, not albuminous. The last menstrual period occurred about four months since, as near as she recollects. She is greatly emaciated, very feeble, and takes but little nourishment. The mamma is flaccid and wasted, no change has occurred in the nipple or in the areola about it. On vaginal examination, the uterus was found enlarged, and the os hard and fissured. Prescribed one teaspoonful of Ellis' wine of pepsin in a wineglass of water three times a-day, and one tablespoonful of lime-water and two of milk every two hours, with beef-tea for nourishment.

22d. The symptoms not materially changed. Directed the treatment to be continued.

23d. Patient no better; has vomited every hour, and has not slept during the night. A consultation was agreed upon, and Dr. L. H. Baker of this city called. After a careful examination, it was decided that there is no evidence of a living fœtus in the uterus, but even if there were, the dangerous condition of the mother demands interference. A speculum was introduced and the os brought to view, and a sound passed into the uterus three inches, no fluid followed its withdrawal. A sponge tent was then passed into the os and the patient directed to take the medicine as before.

24th. The patient has not vomited as much as formerly, and has taken more nourishment. The tent is not to be found in the vagina, and cannot be seen in the os through the speculum, and the supposition is entertained that it may have passed away unobserved. Introduced a larger tent, and directed treatment to be continued.

25th. The vomiting ceased during the day and returned at night. On examination, the tent cannot be found; introduced another with a small cord attached to it.

26th, 9 o'clock A.M. Has vomited less than formerly. Removed the tent and introduced another. 2 o'clock P.M. Quite an offensive discharge has occurred, and the patient complains of pain in the back. Removed the tent and found the *os* considerably dilated; on passing the finger, the two tents first used were found within the *os* and removed.

27. The patient is more quiet and vomits less. Continue the medicine.

28. The remains of a fœtus passed away during the night; it is six inches in length, and weighs one ounce troy; it is much wasted; the skin is wanting; the head collapsed; the walls of the chest and abdomen wanting; no trace is found of the lungs, diaphragm, stomach, or intestines; the heart, liver, and kidneys were observed in their natural positions. The fœtus has, doubtless, been dead several weeks, and the placenta probably been absorbed, as it has not passed away, and cannot be discovered on examination. No flooding has occurred. Prescribed 5 grs. of pulvis ergot, to be taken every three hours, and a teaspoonful of a saturated solution of sulphite of soda three times a-day.

30th. The vomiting continues frequently, and is supposed to be excited by the medicine, which was discontinued, and the wine of pepsin and lime-water resumed, and milk freely taken for nourishment.

July 1st. The vomiting has now ceased, and the patient's condition satisfactory in every respect. No unfavorable symptoms afterwards occurred, and the patient made a very rapid recovery.

*Remarks.*—The irritation of a dead fœtus in the uterus has been referred to by authors as one of the causes of abortion; but it is evident that it does not always give rise to this result. Tyler Smith refers to a case, in which the fœtus died at the fourth month, but was not expelled until the full term. As the sound of the fœtal heart cannot ordinarily be heard until after the fourth month, we have no certain evidence by which we can infer the death of the fœtus. In the cases which have come under my observation, I have found the mamma flaccid, the nipple and its areola without any of the ordinary indications of



pregnancy, the neck of the uterus harder, and the os more patulous than usual in that condition. It seems desirable that more careful and extended observations be made, as to the symptoms which indicate the presence of a blighted fœtus *in utero*. In this case, if its presence had been known at an earlier period, the patient might have been saved several weeks of distressing illness.

CASE II. Was called to visit Mr. B., aged 35, in consultation with Dr. L. H. Baker, of this city, September 3d, 1866, and found the patient suffering from narcotism. The following is the history of the case, as given by the attendants:—

The attention of his wife was called to him by an unusual snoring, and, on going into his room, she found him quite insensible, and nearly black in the face and neck. Supposing him to be in a fit, she attempted to give him some wine, spirits of camphor, and other restoratives, of which he swallowed but little, and that at the risk of strangling. Just at that time, she found in his pocket an empty bottle, labelled laudanum.

Dr. Baker was called immediately, and gave him, 10 minutes before 4 o'clock, 20 grs. of sulphate of zinc, and repeated the dose in 5 minutes, without effect. I arrived 25 minutes after the emetic had been given. Not having had its effect, it was thought best to use the stomach pump. About one quart of warm water was thrown by it into the stomach and immediately pumped out with the whole of its contents, which gave a strong odor of laudanum. This was repeated three times, and about a gallon of water, in all, was used, the last of which was returned nearly clean and devoid of smell of laudanum. During this time, the patient remained entirely insensible, with the eyes closed, the pupils contracted, respiration slow and stertorous, pulse slow, with other symptoms of narcotism.

After thoroughly emptying the stomach, a galvanic battery was used for nearly two hours, one pole applied to the upper part of the spine and the other to the front of the chest. About one hour after the stomach was evacuated, and while using the battery, the patient began to sink, the respiration became reduced to four in a minute. Dr. Baker resorted to artificial

respiration (in addition to the battery) which was kept up by Hall's method, about a-quarter of an hour, until an improvement occurred in the respiration, which continued until the patient was fully restored. No unpleasant symptoms followed excepting vomiting, which occurred at intervals during the night.

It was subsequently ascertained that the patient took two ounces of tincture of opium at 10 o'clock A.M., and also two ounces at 1 o'clock P.M.; and that he was not in the habit of taking opium or laudanum; that he took it for a diarrhœa, which he had for three or four days. The apothecary says the tincture of opium sold the patient contained just one-half the official quantity of opium.

On motion, Dr. J. F. McCormic was appointed essayist for the next meeting.

On motion, Dr. A. Niles was appointed delegate to the State Society.

On motion, resolved, that the proceedings of this meeting be published in the CHICAGO MEDICAL EXAMINER, and an abstract of them in our city papers.

ADDISON NILES, *Sec'y.*

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### **Book Notices.**

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THE SCIENCE AND PRACTICE OF MEDICINE. By WILLIAM AITKEN, M.D., Edin., Prof. of Pathology in the Army Medical School; Corresponding Member of the Royal Imperial Society of Physicians of Vienna, etc., etc., etc. In two volumes. From the fourth London edition, with additions by MEREDITH CLYMER, M.D., late Professor of the Institutes and Practice of Medicine in the University of New York, etc., etc. Philadelphia: LINDSAY & BLAKISTON. 1866.

We have received from the publishers, the first volume of this work, with a notice that the second volume will be through the press in a few days. We have only time and space now to say that the American publishers have issued the work in good style; and that it constitutes a very full and valuable treatise

on practical medicine. All our readers who desire a very full summary of the present condition of practical medicine in Great Britain, will certainly find it in this work. When we have received the second volume, we will notice it more in detail. Price of complete work \$12.00

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We have also received from their respective publishers the following valuable works:—

Clinical Notes on Uterine Surgery, with Special Reference to the Sterile Condition. By J. MARION SIMS, A.B., M.D., late Surg. to Women's Hospital, New York; etc., etc. New York: WILLIAM WOOD & Co., 61 Walker Street. 1866. pp. 401.

For sale by W. B. KEEN & Co., 148 Lake Street.

A Hand-Book of Ophthalmic Surgery for the Use of Practitioners. By J. Z. LAURENCE, F.R.C.S., M.B., (Uni. Lon.) Surgeon to the Ophthalmic Hospital, Southwark, etc., etc., etc., etc. And ROBERT C. MOORE, House-Surgeon to the Ophthalmic Hospital, Southwark. With numerous illustrations. Philadelphia: HENRY C. LEA. 1866.

An Index of Diseases and their Treatment. By THOS. HAWKES TANNER, M.D., F.L.S., Member of the Royal College of Physicians, etc. Philadelphia: LINDSAY & BLAKISTON. 1867. pp. 397. Price \$3.00

For sale by S. C. GRIGGS & Co., Lake St., Chicago.

Conservative Surgery, as Exhibited in Remedying some of the Mechanical Causes that Operate Injuriouly both in Health and disease; with Illustrations. By HENRY G. DAVIS, M.D., Member of the Amer. Med. Association, etc. New York: D. APPLETON & Co., 443 and 445 Broadway. 1867. pp. 315. For sale by S. C. GRIGGS & Co., Lake St., Chicago.

A Treatise on the Principles and Practice of Medicine; Designed for the use of Practitioners and Students of Medicine. By AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital, etc., etc. Second

edition, revised and enlarged. One volume. Philadelphia:  
HENRY C. LEA. 1867. pp. 967.

For sale by W. B. KEEN & Co., 148 Lake St. Price \$7.

Practical Therapeutics, Considered Chiefly with Reference  
Articles of the Materia Medica. By EDWARD JOHN WARD,  
F.R.C.S., F.L.S., Surgeon in Her Majesty's Indian Army.  
Philadelphia: LINDSAY & BLAKISTON. 1866. pp. 815.

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## Editorial.

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### CHICAGO MEDICAL SOCIETY.

JAN. 18th. The regular meeting of the Society was almost wholly occupied with the subject of City Health Regulation. Dr. N. S. DAVIS, from the Special Committee on that subject, made the following report, which, after free discussion, was adopted. The Committee was instructed to present the same to the Common Council, with the draft of an amendment to the present laws, as indicated in the report.

#### REPORT OF THE COMMITTEE ON THE HEALTH DEPARTMENT OF OUR CITY GOVERNMENT.

Presented to the Chicago Medical Society, January 18th, 1867.

The subject assigned to your Committee for consideration is certainly one of the most important that can engage the attention of the people of this, or any other large city. The adoption and enforcement of proper sanitary regulations is so closely connected with the preservation of health and the prolongation of life and happiness, that no community can neglect them without, sooner or later, suffering the severest penalties. In fulfilling the duties assigned to your Committee, three questions require careful consideration.

1st. What are principles upon which a Municipal Health Department should be organized, in order to ensure the highest degree of enlightenment and efficient action?

2d. Is the present organization of the Health Department of our city defective; and if so, in what particulars?

3d. What changes are necessary to remedy its defects, and complete its efficiency?

In answer to the first question, we would state, that the basis of a proper Health Organization, should consist of a Board of Commissioners, embodying in its members a high degree of executive ability or business capacity, and a thorough knowledge of *sanitary science*, as applied to the preservation of the health of communities and the prevention of the spread of contagious diseases. No board can embody these qualities, without being composed in part, at least, of thoroughly-educated physicians; simply because, in our country, no other class of men are educated to an adequate extent, in reference to those sanitary subjects on which a Board of Health must continually act. The truth of this proposition is too plain to need either argument or illustration.

A Board of Health Commissioners, composed of properly educated and qualified members, should be invested with sufficient power to devise and carry into prompt effect, all such measures as the safety and welfare of the community requires. The term of office of its members should be long enough to insure a reasonable degree of permanency in whatever sanitary measures or policy may be adopted. In no department of municipal affairs, is a vacillating, temporizing policy more disastrous than in that relating to the preservation of the public health. A show of energy, or a display of zeal, or a prodigal expenditure of money just while some fearful epidemic disease is threatening to commence its work of death, and a negligent indifference at all other times, is but little better than no action at all. Sanitary measures, to be successful in lessening the sickness and mortality of communities, and in protecting them from the ravages of epidemics, must be founded on an accurate knowledge of all those local causes that tend to deteriorate the public health, and then they must be rigidly and perseveringly enforced from year to year.

To enable a Board of Health Commissioners to devise such measures, and establish an enlightened and permanent sanitary policy, its members should not only possess the requisite educa-

tion and business capacity, with a term of office long enough to add experience to their previous knowledge, but they should be appointed in such a manner as to free them as far as possible from all partisanship, or feelings of dependence on the success or failure of mere political parties. And yet they should be fully accountable to the municipal government for all their official acts. Such are the principles on which a Board of Health Commissioners should be organized.

The next question is, how far the present health department of our city government is organized in accordance with these principles, and in what particulars is it defective? Our present Health Department consists of a Board of three Commissioners, who are also at the same time Commissioners of the Police and Fire Departments; a Health-Officer; and a City Physician. The three members of the Board are elected by the people, one from each division of the city, and hold their offices for six years. The Health-Officer is appointed by the Board. The City Physician is elected by the Common Council, and holds office for two years.

The present city charter confers on the Common Council power "to do all acts and make all regulations which may be necessary or expedient, for the preservation of health, and the suppression of disease." And, in accordance with this power, we find in the present laws and ordinances of the city full and ample powers conferred and duties enjoined upon the Board of Health and Health-Officer, for the efficient and thorough regulation of everything relating to the public health and safety. After a full examination of the present laws and ordinances, we can see no need of further legislation, so far as relates to the conferring of power upon the Board of Health or its agents.

Wherein, then, is the present organization defective? Chiefly in three important particulars. The first and most radical defect is, the absence of all provision for securing the selection of members of the Board of Health so thoroughly educated in sanitary matters as to fit them for an enlightened and efficient discharge of their duties. To make up a Board of Health, charged

with the duty of making and enforcing all such regulations as are necessary to mitigate or prevent the prevalence of diseases in a great city, of men who, neither by education, occupation, nor business habits, have acquired any special knowledge of the nature and causes of disease, or of the laws by which they are developed and diffused, is just as absurd as it would be to elect a practising physician to the office of City Attorney. If there is lack of efficiency in the practical working of our present health organization, it is not because the members of the present Board of Police, acting as a Board of Health, are deficient in integrity or business capacity, or from deficient legal authority to act, but simply because they have not that special sanitary or medical education which enables them to comprehend clearly the nature, extent, and importance of the work entrusted to them.

The second defect consists in an imperfect and injudicious distribution of duties between the Health-Officer, City Physician, and Clerk of the Board of Health. The Health-Officer shall be simply an intelligent and efficient executive officer, to superintend the prompt enforcement of all the laws and orders of the Board of Health. The City Physician should keep at all times a free *vaccine* dispensary for the poor, and have the immediate charge or superintendence of such sick persons as came under the care and authority of the Health and Police Departments of the City Government. And there should be a competent Clerk, who should perform the duties of Secretary to the Board of Health and the Health-Officer, and also the duties of Register of Vital Statistics.

The third defect in the present organization is the absence of efficient regulations for the accurate registry of births, marriages and deaths, with the causes of the latter. The importance of this needs no comment here. After a somewhat careful and candid examination of the whole subject, we feel certain that whatever inefficiency or defectiveness there is in the practical working of the present health organization of our city, can be traced directly or indirectly to the three sources just enumerated. This leads us to the third and last question



involved in this report, namely: What changes are necessary to remedy the defects to which we have alluded? We answer, so far as State legislation is concerned, we need but a single brief amendment to the laws now in force. If the present law relating to the action of the Board of Police, in the capacity of a Board of Health, was so amended as to provide for the appointment of three thoroughly competent Physicians, (one from each Division of the City,) to act with said Police Commissioners in all matters pertaining to health or sanitary regulations, to possess coëqual powers and duties, and to constitute a part of said Board whenever acting in the capacity of a Board of Health, it would be all the legislation really required. This done, the other defects pointed out could be easily remedied under the authority already possessed by the Common Council and Board of Health. While the proposed amendment should leave the present mode of electing the three Police Commissioners undisturbed, it should provide some other and less political method of appointing the *three* medical members of the Board acting as a Board of Health. Those members of our profession who have acquired that education, experience, and reputation, which would enable them to impart that kind of intelligence and efficiency to a Board of Health, imperatively needed in all large cities, will never be found seeking nominations from political parties, nor lobbying for appointments by a Governor and Senate, or a Mayor and Council. They must be sought ought and invited to accept the position, or their services will not be obtained. •We would suggest whether this would not be done more judiciously and with less reference to anything of a political or partisan character, by the Judges of the Superior Court of this city, than by any other authority. It will be seen that the defects we have pointed out and the remedies proposed are few and simple; yet they are really of vital importance to the practical working and beneficial results of the Health Department of our city.

Should the views thus far expressed in this report meet the approbation of this Society, an amendment could be prepared in due form, relating to the appointment of three com-

petent medical men as members of the Board of Health, and an ordinance in relation to the proper registry of vital statistics, and we have no doubt but both would meet the prompt sanction of the Mayor and Council. Before concluding this report, it may be expected that some notice will be taken of the several amendments and health bills which have already been prepared and placed before the Legislature, the Council, and the public. There are three separate projects of this kind. The first consists in amendments to the present laws prepared and recommended by the Common Council. The only item in these, that relates to the important defects we have explained, is the section proposing to give the Common Council power, in cases of imminent danger from the prevalence of epidemic diseases, to appoint an additional number of members of the Board of Health, to act as such simply while such danger lasts. But it is not provided that even these temporary appointees shall be medical men. And hence it does not in any degree remedy the radical defect in the constitution of the present Board. The second project is in the form of a bill recently introduced into the State Senate by Senator WARD. By the provisions of this bill, everything pertaining to the Health Department, and sanitary regulations, is removed from the control of the people of the city and its municipal government, and placed in the hands of a Board of Commissioners, consisting of the President of the Board of Police, and two Commissioners appointed by the Governor and Senate, one of whom must be a physician. The two persons thus appointed by the Governor and Senate are to hold office four years, and, with the President of the Board of Police, constitute a Board of Health, with full power to make all needful rules, regulations, and appointments of agents, etc., sufficient to devise and execute a complete and independent sanitary system. There are two leading and fatal objections to this bill. The first is, that it deprives the people of this city of all power to regulate and control some of their most important local interests, and assumes that a Governor and Senate, at Springfield, are better qualified to judge of the capacities and qualifications for office,

of citizens of Chicago, than are the local authorities of the city, or the people themselves. The second, and more important objection is, that it creates a large number of new and additional officers and employés, requiring a regular annual additional tax upon the city, of from \$75,000 to \$150,000, without regard to any *extraordinary* expenditures on account of the prevalence of severe epidemics. And yet it does not provide for the accomplishment of a single valuable object, that would not be as well and certainly accomplished, by simply adding *three* thoroughly competent physicians to our present Board of Health. Serious objections could also be made to several items in the details of this bill. For instance, the section relating to the registration of births, marriages, and deaths, is utterly worthless.

The third project is that presented by the Citizens' Committee, and entitled the "Metropolitan Health Bill." This is amenable to precisely the same objections as we have made to the bill introduced by Senator WARD; while, practically, it would be far less efficient. Like WARD's bill, it takes from the people and local authorities the selection of a Board of Health, and confers it on the Governor and Senate, at Springfield. Like WARD's bill, it creates a long list of new and additional city officers and employees, requiring a correspondingly large additional expenditure of money annually. But, unlike WARD's bill, it does not fix the salary of the members of the Board of Health, or provide for the appointment of a full corps of Sanitary Police. It allows the Common Council to fix their salaries, thereby making the officers perform the difficult task of serving two masters; the Governor for their appointment, and the Council for their pay. Again, by depending in part upon the ordinary police for executing the orders of the Health Board, it places the police in the equally embarrassing position of obedience to the orders of two separate and independent Boards—a plan that never has and never will work satisfactorily in practice.

In conclusion, we cannot refrain from again expressing the opinion, that a single amendment to our present laws, provid-

ing for the addition of *three* competent and thoroughly educated members of the medical profession to the present Board of Health, with the aid of one additional Clerk, as Register of Vital Statistics, would result in rendering our Health Department as efficient and beneficial to the interests of the city, as it could be by any number of new and expensive schemes. It would require but one police organization, capable of being increased or diminished, as public exigencies might require, and practically amenable to but one Board.

It would require a larger ratio of medical to the non-medical intelligence in the Board of Health, than is proposed in either WARD's bill, or that of the Citizens' Committee. Instead of requiring an annual aggregate increased tax upon the city of \$75,000 or \$100,000 for salaries of new officers and agents, it would require for the *three* additional members of the Board of Health and the Register of Vital Statistics an aggregate of not over \$5,000. It would also leave our City Government far less complicated in its details, and, in all its strictly local interests, under the control of its own citizens, where it properly belongs.

All of which is respectfully submitted.

N. S. DAVIS,  
R. C. HAMILL, } Committee.  
J. P. ROSS,

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MEDICAL DEPARTMENT OF UNIVERSITY OF MICHIGAN.—We have seen in some of our exchanges, a statement of the number of Medical Students in the University of Michigan, accompanied by the assertion that the large number congregated there could not have been drawn thither by the small pecuniary charges, as the aggregate of attendance is greater, owing to the length of the Lecture-term, than in any other school in the North-west. The entire falsity of such a statement is shown by the following facts:—

The fee for admission to the Medical Department of the Michigan University is, for students in the State \$10, from out of the State \$20, paid but once. The Lecture-term being six

months, allowing \$25 per month for board, would make a total necessary expenditure for the full term of \$160 for the student of the State, and \$170 for students from other States. The Chicago Medical College, in this city, has a Lecture-term of full five months. If we put board here at the same rate as supposed for Ann Arbor, namely, \$25 per month, the cost of attending the regular annual course here, would be as follows:—

Five months board, at \$25 per month, ----	\$ 125 00
Lecture fees, -----	50 00
Matriculation fee,-----	5 00
Dissecting fee, -----	5 00
Hospital fee, -----	6 00
Total, -----	\$191 00

CLINICAL ITEMS.—A subscriber wishes to know how to cure “an obstinate, tormenting, intolerable itching, of years standing,” either in the genital organs of the female or around the anus of the male.

The following cases may answer his purpose:—

CASE I. Mrs. B., a married lady, aged about 25 years, had been for several years subject to periodical attacks of puritus pudendi, or intolerable itching of the labia and vulva. She generally suffered most from it after the menstrual periods, and it was generally accompanied by a thin leucorrhœal discharge. She was placed on the following treatment:—

R <sub>x</sub> . Ext. Hyoseyamus, -----	30grs.
Sulph Ferri, -----	30grs.
Pulv. Aloes, -----	15grs.
Blue Mass, -----	10grs.
Ext. Nux Vom., -----	10grs.

Mix and divide into thirty pills. One to be taken before breakfast and dinner each day. For local use she was directed a solution of borate of soda (borax), ʒiij and sulphate of morphia, 20grs., in water, one pint, the vulva to be wet with it often, and a small quantity injected into the vagina each night and morning. Under this treatment the patient recovered, without any return of the disease.

CASE II. Mrs. W., aged 40 years, had been very severely troubled with the same disease several months, without any regard to the menstrual periods. The same solution of borax and morphine, applied locally, and the use of eight drops of Fowlers's arsenical solution, taken before each meal, in a spoonful of sweetened water, and continued for about four weeks, resulted in a cure. Both patients were required to live on plain food and to avoid all stimulating drinks.

CASE III. Mr. G., aged 30 years, sanguine temperament and full habit, had pruritis of the anus for three years. Sometimes the itching would be intolerable for several days and then better for a week or ten days at a time. On examination, the skin, over a circle of an inch, around the opening of the rectum, was thickened, slightly fissured, and whiter than usual. He was directed to take eight drops of Donovan's solution before each meal time, and the affected surface was wet with the liquid persulphate of iron, of the strength usually found in the drug stores, every third day. After four local applications he was entirely relieved. He continued to take the drops internally for three weeks, and although more than one year has elapsed the disease has not returned.

I recollect treating several cases of old chronic cases of pruritis and successfully, by applying locally, each night and morning, the following ointment:

Ry. Iodide Sulphur,-----	℥ij
Oil Tobacco, -----	2gtts.
Simple Crete,-----	℥ij

Attention should always be paid to the general health, and especially to the condition of the digestive organs.

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THE CHAIR OF SURGERY IN RUSH MEDICAL COLLEGE.—According to statements in the daily papers of this city, the chair of Surgery made vacant by the death of the late Prof. D. BRAINARD, has been filled by the appointment of MOSES GUNN, of Detroit, Professor of Surgery in the University of Michigan. It is also stated that Prof. GUNN has accepted the appointment.

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**CITY MORTALITY.**—The following is the report of the Health-Officer of the mortality of the City of Chicago for the month of December, 1866:

## CAUSES OF DEATH.

Accidents,-----	4	Fever, Scarlet,-----	13
Asthma,-----	2	Fever, Typhoid,-----	4
Bronchitis,-----	1	Fever, Typhus,-----	1
Burned,-----	1	Fever, not stated,-----	1
Cancer,-----	2	Hydrocephelus,-----	7
Childbed,-----	2	Inflammation of Kidneys,-----	1
Cholera Infantum,-----	1	Inflammation of Bowels,-----	9
Consumption,-----	42	Inflammation of Lungs,-----	6
Convulsions,-----	35	Inflammation of Liver,-----	1
Croup,-----	7	Marasmus,-----	1
Cold,-----	2	Old Age,-----	15
Chicken Pox,-----	1	Palsy,-----	2
Congestion of Brain,-----	3	Pneumonia,-----	7
Congestion of Lungs,-----	2	Phthisis Pulmonalis,-----	1
Decline,-----	1	Spasms,-----	1
Delirium Tremens,-----	1	Spinal Meningitis,-----	1
Diarrhoea,-----	5	Suffocation,-----	2
Diphtheria,-----	15	Small Pox,-----	2
Disease of Heart,-----	8	Suicide,-----	1
Disease of Liver,-----	2	Stillborn,-----	10
Disease of Lungs,-----	7	Teething,-----	3
Disease of Brain,-----	6	Whooping-Cough,-----	17
Dropsy,-----	7	Gun shot Wound,-----	1
Drowned,-----	2	White Swelling,-----	1
Erysipelas,-----	3	Unknown,-----	33
Fever, Childbed,-----	2		
Fever, Remittent,-----	4	Total,-----	309

**AGES OF THE DECEASED.**—Under 5 years, 153; over 5 and under 10 years, 19; over 10 and under 20, 15; over 20 and under 30, 28; over 30 and under 40, 34; over 40 and under 50, 16; over 50 and under 60, 11; over 60 and under 70, 11; over 70 and under 80, 12; over 80 and under 90, 6; unknown, 4. Total, 309.

## NATIVITIES.

Chicago,-----	128	England,-----	5	Sweden,-----	5
Other States,-----	63	Germany,-----	47	Scotland,-----	4
Belgium,-----	1	Ireland,-----	38	Wales,-----	1
Bohemia,-----	2	Norway,-----	6	Unknown,-----	6
Canada,-----	2	On the Sea,-----	1	Total,-----	309

## DIVISIONS OF THE CITY.

North,-----	75	South,-----	105	West,-----	129	Total,-----	309
Total number during the month of November,-----							382
Decrease from last month,-----							73
Total number last year for the month of December,-----							333

**DR. CONNEAU.**—It has been remarked that nearly every profession but that of medicine was represented in the French Senate. This anomaly has struck the Emperor, it would appear, as the *Evenement* announces that his Majesty's physician, Dr. Conneau, is to be promoted forthwith to a seat at the Luxembourg.